

Case Number:	CM13-0044748		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2004
Decision Date:	02/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old male who reported an injury on 11/10/2006. The mechanism of injury information was not provided in the medical records. The most recent clinical note dated 10/15/2013 reported the patient continued to have an ongoing requirement for narcotic medication due to disabling low back pain. The patient had been issued the H-wave for a trial and he used it for 3 months. It is noted that since the patient has been using the H-wave unit he has stopped all narcotic medications and he is now able to exercise more vigorously in the gym, keeping his lumbar spine stable. Objective findings were noted, upon examination, that the patient had no back pain. The neurological examination was stable and unchanged with right side foot drop, which had been present for many years. The patient's diagnosis at that time was status post lumbar fusion, L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective review for DME: Additional H-Wave rental x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: Per California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus a TENS unit. The patient did participate in the 1 month trial use of the H-wave unit; however, there is no documentation of the patient's functional capabilities pre and post the trial use of the H-wave stimulation. In order for the medical necessity to be determined for the 3 month rental that is being requested, functional deficits or functional improvements that were made by the patient with the use of the H-wave unit would need to be documented. However, that information was not provided in the medical record. Therefore, at this time, the medical necessity for the 3 month rental of the H-wave unit cannot be determined and the request is non-certified.