

Case Number:	CM13-0046359		
Date Assigned:	04/25/2014	Date of Injury:	05/21/2013
Decision Date:	07/07/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 05/21/13 progress report indicates worsening lower back pain radiating into the right thigh. The physical exam demonstrates antalgic gait, lumbar tenderness, and restricted lumbar range of motion. The straight leg raise test is positive. The treatment to date has included medication, activity modification, and chiropractic care. There is documentation of a previous adverse 10/27/13 determination, because the patient's pain was not neurogenic in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) H-WAVE UNIT (CYPRESS CARE): 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: The Chronic Pain Guidelines indicate that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no evidence that the

patient's pain is related to soft tissue inflammation. There is no evidence of a failed TENS trial. There is no evidence that H-wave would be used as an adjunct to a method of functional restoration; and an H-wave trial should have demonstrated efficacy before the H-wave unit is requested. Therefore, the request is not medically necessary.