

Case Number:	CM13-0046381		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2009
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 reported an injury on 08/17/2009. The patient is diagnosed with displacement of lumbar intervertebral disc, degeneration of the lumbar spine, unspecified thoracic or lumbosacral neuritis or radiculitis, and chronic pain. The patient was seen by [REDACTED] on 05/09/2013. The patient reported persistent pain with impaired activities of daily living. Physical examination was not provided. Treatment recommendations included an H-wave home care system for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of Home H-Wave device: 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 Chronic Pain Medical Treatment Guidelines, Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidence-

based functional restoration and only following failure of initially recommended conservative care. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment including physical therapy, medications, and TENS therapy. Additionally, there was no physical examination provided on the requesting date of 05/09/2013. There is also no evidence of a treatment plan with a specific short-term and long-term goal of treatment with the unit. Based on the clinical information received, the request is non-certified.