

Case Number:	CM13-0047460		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1986
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/03/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 64-year-old female who reported injury on 04/04/1987. The mechanism of injury was not provided. The patient's diagnosis was noted to be intervertebral lumbar disc disorder with myelopathy and the request was made for an H-wave device for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for H-Wave Device, Lumbar Spine: Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated the patient had trialed a home TENS unit, medications, and physical therapy and/or exercise. However, there was a lack of

documentation per the submitted request whether the request was for a purchase or a 30 day trial. Additionally, there was lack of documentation indicating the patient would be utilizing the H-wave as an adjunct to a program of evidenced based restoration. Given the above, the request for H-wave device, lumbar spine is not medically necessary.