

Case Number:	CM13-0048714		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	02/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 31 year old male with date of injury 12/16/2011. Patient has diagnosis of lumbar disc displacement without myelopathy. According to report dated 09/19/2013 by [REDACTED] Morley, patient is complaining of low back pain and bilateral lower extremity pain. Objective findings show deep tendon reflexes are symmetrical bilaterally to the patella and achilles. Spasm and guarding is noted at lumbar spine. Sensation is decreased in the dermatome left L5, left S1. Patient is currently taking Flexeril 7.5mg, Relafen 500mg, Protonix 20mg, Tramadol 325mg. The patient has received physical therapy, massage therapy and lumbar epidural steroid injection but remains symptomatic. The request is for H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave trial: Upheld

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

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

Decision rationale: The patient has chronic low back pain radiating to his lower extremities. ■■■■■ report on 10/23/2013 notes that the patient has received physical therapy, medications, massage therapy and lumbar epidural steroid injection but remains symptomatic. According to ■■■■■, he received correspondence with the physical therapist on 10/18/2013 and the therapist states that "the patient has experienced objective improvement and decreased in his pain as a result of a clinical treatment with H-Wave." California Medical Treatment Utilization Schedule (MTUS) pg(s) 117-118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for diabetic neuropathic 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 (i.e., exercise) and medications, plus TENS unit. It appears that the patient had some amount of benefit to the H-wave during physical therapy. However, there is lack of documentation that the patient has trialed a TENS unit and failed. To be able to trial H-wave unit, California Medical Treatment Utilization Schedule (MTUS) requires trying TENS unit first. Recommendation is for denial.