

Case Number:	CM13-0048903		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2010
Decision Date:	02/21/2014	UR Denial Date:	10/25/2013
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 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 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 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 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 has chronic low back pain radiating to his lower extremities. The treater is requesting H-Wave Trial. MTUS pg. 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. Progress report dated 09/30/13 by [REDACTED] noted that the patient continues to complain of pain and has already trialed other forms of conservative treatment including physical therapy, medications, ESI and TENS with minimal relief from pain. Recommendation is for one-month trial of H-wave unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient has chronic low back pain radiating to his lower extremities. The treater is requesting H-Wave Trial. MTUS pg. 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. Progress report dated 09/30/13 by [REDACTED] noted that the patient continues to complain of pain and has already trialed other forms of conservative treatment including physical therapy, medications, ESI and TENS with minimal relief from pain. Recommendation is for one-month trial of H-wave unit for home use.