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| Case Number: | CM13-0049806 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/09/2009 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 Family 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:

This injured worker's date of injury is 11/09/2009. The exact nature of the original injury was not provided. The treating physician is treating the patient for chronic low back pain with radiation to the right leg, lumbar facet arthritis, right sacroiliitis, and myofascial pain. The patient reports throbbing pain. The H-wave device helps for muscle pain and tightness. The patient reports performing home exercises. The patient takes methadone 15 mg TID and ibuprofen 800 mg TID for chronic pain. On exam there was paraspinal muscle spasms noted. The patient appeared stiff and walked with an antalgic gait. There was tenderness on palpation in the lumbar facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Upheld

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 treating physician requests an H-wave unit for this patient with chronic low back pain with right leg radiation. The treating physician does not quantify the return to function with this unit or what the expected goal of this treatment will be. H-wave treatment may

be medically indicated for diabetic neuropathy or chronic soft tissue inflammation, neither of which the patient has. In addition, the patient should have had a trial of TENS and physical therapy. Based on the documentation, the H-wave therapy is not medically indicated.