

Case Number:	CM13-0050126		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	05/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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, 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:

This case involves a 30 year-old male with a 12/16/2011 industrial injury claim. He has been diagnosed with lumbar disc displacement without myelopathy. The 10/8/13 report from [REDACTED] states he received a UR call regarding an H-wave unit, but the report does not provide efficacy or rationale. The 9/19/13 report from [REDACTED], states the patient presents with low back and bilateral lower extremity pain. He had 5 PT sessions, mostly passive therapy, including massage and stretching. Pain was 9/10 and medications gave slight relief. According to the 9/19/13 report, the physical therapist recommended the H-wave unit, and it was reiterated by [REDACTED]. The 9/19/13 PT note was provided for review, and shows it was the 4th visit, and the patient used H-wave 20 mins. The 9/16/13 and 9/9/13 PT notes were reviewed, also showing use of H-wave for 20 mins. There was no documented functional improvement with use of the H-wave during PT.

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 H-WAVE STIMULATION (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 114-121.

Decision rationale: The 9/19/13 report from the treating physician, states the employee presents with low back and bilateral lower extremity pain. The employee had 5 PT sessions, mostly passive therapy, including massage and stretching. Pain was 9/10 and medications gave slight relief. According to the 9/19/13 report, the physical therapist recommended the H-wave unit, and it was reiterated by the treating physician. The 9/19/13 PT note was provided for review, and shows it was the 4th visit, and the employee used H-wave 20 mins. The 9/16/13 and 9/9/13 PT notes were reviewed, also showing use of H-wave for 20 mins. There was no documented functional improvement with use of the H-wave during PT. The MTUS guidelines indicate that a trial of H-wave is appropriate after failure of conservative care including PT, medications and TENS. There does not appear to be a way to have the H-wave meet the MTUS criteria in this case. The criteria for the H-wave is that the employee must fail PT, but the PT note states the H-wave was helping, so PT was potentially successful, and therefore does not meet MTUS requirements. Or if PT was not successful, that would indicate that the H-wave that was used in the PT sessions was not effective, and would not be in accordance with MTUS guidelines to continue a treatment that is not effective. There is also no indication the employee has failed medications and failed a trial of TENS. The use of H-wave without failing prior conservative care, including PT and TENS, is not in accordance with MTUS guidelines.