

Case Number:	CM13-0051226		
Date Assigned:	12/27/2013	Date of Injury:	10/27/2005
Decision Date:	06/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 46-year-old female who reported an injury on 10/27/2005. There is no mechanism of injury submitted within the medical records. A progress report addendum dated 06/25/2013 requesting the H-Wave due to pain, impaired range of motion and impaired activities of daily living. The progress report dated 10/14/2013 listed the diagnosis as lumbar spine sprain/strain, lumbar spine with a 6mm disc bulge/herniation, L4-5, 2 mm disc bulge at L5-S1 and annulus fibrosis tear at L3-4, sciatica. On 10/14/2013, the injured worker was prescribed Celebrex 200mg and stated that the H-wave was beneficial in managing her pain. The progress note also stated that the injured worker was in physical therapy. The injured worker complained of constant low back pain that radiated across her back into her left lower extremity to the level of the knee. The progress note also states that the range of motion was limited in all directions. The request of authorization form was not submitted in the medical records; however, in the 10/14/2013 progress notes, the request states for an H-Wave and Celebrex 200mg for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT)..

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

Decision rationale: The injured worker was in physical therapy and had been complaining of low back pain radiating across her back into her left lower extremity to the level of the knee. The Chronic Pain Guidelines do not recommend the H-wave as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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, such as exercise and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is documentation reporting that the injured worker had been attending physical therapy, but no functional gains or improvements have been documented. A pain scale was not used to document pain. Furthermore, the request does not specify the duration of use. Therefore, the request is non-certified.

PRESCRIPTION OF CELEBREX 200MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS Page(s): 68.

Decision rationale: The injured worker received physical therapy and an H-Wave, which documentation stated that it helped her. The Chronic Pain Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen, but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one (1) NSAID, including COX-2 inhibitors, was clearly more effective than another. The progress note from 10/14/2013 stated that the Celebrex was started at that time; however there is no documentation of the effectiveness of this medication. Therefore, the request is non-certified.