

Case Number:	CM13-0051497		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2012
Decision Date:	03/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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 65-year-old female who reported an injury on 05/29/2012. The patient is diagnosed with lumbar intervertebral disc displacement and sciatica. The patient was seen by [REDACTED] on 08/20/2013. The patient reported continuing lower back pain with radiation to the right lower extremity. Physical examination revealed positive straight leg raise and 85 degrees of forward flexion with 10 degrees of extension. The treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase home H-wave for lumbar spine: 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 Page(s): 117-121.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation

should be used as an adjunct to a program of evidence-based functional restoration and only following the failure of initially recommended conservative care, including physical therapy, medications and TENS therapy. As per the documentation submitted, it is noted that the patient has been previously treated with medications and physical therapy. However, documentation of previous TENS therapy was not provided. Additionally, there was no evidence of this patient's active participation in a functional restoration program to be used in conjunction with the H-wave stimulation device. There was also no evidence of a treatment plan including the short and long-term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.