

Case Number:	CM13-0056258		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2003
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 & 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 patient is a 41 year old male who was injured on 01/05/2003 due to a lifting injury with subsequent onset of low back pain with development subsequently of pain in the lower extremity. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/17/2003 which was negative. Progress note dated 09/16/2013 documented the patient to have complaints of persistent low back pain radiating to the hip and lower extremity associated with intermittent numbness. He describes his pain at 8-9/10 in severity and is a sharp, shooting and stabbing type. Apparently, he was authorized for H-Wave unit trial a few months ago but did not start the trial yet and he would like me to request the H-Wave unit trial again to see if it helps for his lumbar radicular pain. He gets some help with combination of current medications. Objective findings on exam included spasms noted in lumbar paraspinal muscles. Antalgic gait is noted on the right. Dysesthesia noted to light touch on the right L5 and S1 dermatome. Progress note dated 11/11/2013 documents the patient with complaints of persistent low back pain. He describes his low back pain as sharp, shooting type radiating to the right lower extremity and feels the constant pain. He received a letter stating he is authorized for H-Wave unit trial. On objective findings antalgic gait on the right is noted. Dysesthesia noted to light touch on the right L5 and S1 dermatome. Straight leg raise aggravates his pain on the right side with radiation to the right lower extremity.

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 H-Wave Stimulation (HWT) Page(s): 117.

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

Decision rationale: MTUS guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 transcutaneous electrical nerve stimulation (TENS). The patient was approved for a one month H-wave trial on 6/24/2013, which expired. A request was then submitted for a 3 month H-wave trial when the patient had not started or used the previous approved 30 day H-wave trial. Also, additional documentation indicated that the use of a TENS unit was useful and the use of his current medications had also been beneficial in controlling his pain. Due to this, use of an H-wave unit is not recommended by guidelines.