

Case Number:	CM13-0056498		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2005
Decision Date:	03/31/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 57-year-old male who was injured on 4/25/2005. The mechanism of injury was not provided for review. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, and sprain of the neck. In an office visit reported dated 9/26/2013 it was noted that the patient had complaints of pain in the low back despite medications. The examination showed the patient used a cane for ambulation, he had difficulty walking, muscle spasms, restricted range of motion, extension to 10 degrees and flexion was to 45 degrees. On this visit he was diagnosed with cervical sprain and small disc herniation with disk desiccation. The plan was for the patient to continue medications and start the use of the H-wave device. In a progress report dated 11/21/2013 it was noted that the patient had a trial of the H-wave unit and found it to be beneficial in reducing his low back pain/spasm by more than 50% and also reducing his pain medication usage. The patient reported the ability to perform more activity and greater overall function due to the use of the device. The request is being made for the continued use of the H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home evaluation of H-Wave device: 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 Page(s): 117-118.

Decision rationale: With respect to H-wave stimulation, the guidelines does not recommended it 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 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)." In this patient, there is no documentation of failure of TENs unit and/or other conservative care, as stipulated by the guidelines. Therefore the request for H-wave device or one month is not medically necessary.