

Case Number:	CM13-0061285		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2012
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 Texas. 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 47-year-old male who reported an injury on 11/25/2012. The mechanism of injury was noted to be that the patient's mother had fallen, and he was lifting her off the ground. The patient was noted to be treated with H-wave treatments from 08/16/2013 through the recent documentation of 11/15/2013 at physical therapy. The patient's diagnosis was lumbar back pain with radiating radiculopathy. The prescription indicated that the patient had tried physical therapy and/or exercise, medications and a clinical home trial of the TENS unit. A request was made for a one (1) month rental of an H-wave unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH RENTAL OF AN H-WAVE UNIT FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 117.

Decision rationale: The Chronic Pain Guidelines do not recommend H-wave stimulation as an isolated intervention; however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). The clinical documentation submitted for review indicated that the patient had been treated with an H-wave unit during his physical therapy sessions from 08/16/2013 through the recent documentation of 11/15/2013. There was a lack of documentation of a decrease in the visual analog scale (VAS) score, as well as an increase in the patient's objective function. The clinical documentation submitted for review failed to indicate that the patient had signs and symptoms of neuropathic pain. There was a lack of documentation indicating that the patient would be using the H-wave device as an adjunct to a program of evidence-based restoration and had failed initially recommended conservative care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation. It was indicated that all of the above had been trialed; however, there was a lack of documentation of the failure of a TENS unit, medications and physical therapy. Given the above and the lack of documentation, the request for a one (1) month rental of an H-wave unit for the lumbar spine is not medically necessary.