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| Case Number: | CM13-0069880 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 55 year-old male who was injured on 6/3/2013. The records provided for this IMR are somewhat more complicated, as I have been provided with a mixed file with two different patients. According to the 12/3/13 orthopedic report form [REDACTED] the patient presents with neck and low back pain. The low back pain was 6/10 and neck pain was 2/10 and the patient reports his left arm goes numb. The diagnoses included cervical and lumbar sprains, cervical radiculopathy, cervical spondylosis, left C4/5 neuroforaminal stenosis and L5/S1 disc protrusion. The treatment plan was for psyche and PT. On 12/6/13 UR recommended a denial of an H-wave unit. The Hwave vendor provided their template addendum, H-wave request form on 11/27/13 for the nurse practitioner to sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-WAVE DEVICE FOR THE LUMBAR SPINE ONE MONTH HOME USE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The employee presents with neck and low back pain. The H-wave vendor template request for the H-wave was signed on 11/27/13, but the 11/11/13 and subsequent 11/27/13 medical reports from the physician do not discuss H-wave. The MTUS guidelines indicate that H-wave 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 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)." There is no discussion of a program of functional restoration, no mentioned failure of PT, and no trial of TENS. The request is not in accordance with MTUS guidelines.