

Case Number:	CM13-0071002		
Date Assigned:	01/08/2014	Date of Injury:	12/02/1987
Decision Date:	06/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 69-year-old male with date of injury on 12/2/87. The injury was sustained while lifting a heavy set of plywood risers after which he felt a sharp pain in the lumbar spine. The patient was diagnosed with lumbago. His treatment included physical therapy, medications and transcutaneous electrotherapy. On 8/29/2013, due to continued lumbar pain, a treating physician recommended a 30-day trial of H-wave with the goal of the H-wave trial to decrease the need for oral medication and improve the patient's ability to participate in increased activities of daily living (ADLs) and experience improved function. A 30-day trial of H-wave was initiated with two treatments for 45 minutes done daily. On 11/14/13, it was documented that the H-wave was used for low back pain and resulted in a 30% reduction in pain score. However, the patient continued to complain of pain and exhibited impaired activities of daily living; the physical examination noted that tenderness persisted in the lumbar spine with painful range of motion. The use of the H-wave was requested for an additional 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device, additional use for three (3) months of use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines note that H-wave may serve as adjunctive therapy for chronic pain and a 1-month trial is warranted to determine the effect on pain relief and functional improvement. However, in this case there was only mild pain improvement and no documented functional improvement. Therefore, an additional 3 months of use is not justified as medically necessary.