

Case Number:	CM14-0137051		
Date Assigned:	08/29/2014	Date of Injury:	07/01/2013
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old female with a date of injury on 7/1/2013. Diagnoses include thoracic strain, and lumbosacral strain with radicular symptoms. Subjective complaints are of persistent low back pain. Physical exam shows an antalgic gait, decreased lumbar range of motion, and tenderness over the paraspinal muscles. Neurological exam of the lower extremities was normal. There was a positive left straight leg raise test. Prior therapy has included chiropractic, medications, physical therapy, and acupuncture. Records also indicate that the patient was using a home TENS (Transcutaneous Electric Nerve Stimulation) unit for 6 months that did not provide relief. Patient had a one month H-wave trial from 5/16-6/30/14 which provided improvement in functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: CA MTUS states 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. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus trans-cutaneous electrical nerve stimulation (TENS). For this patient, there is evidence of prior failure of conservative treatment, including TENS. This patient has had a trial of H-wave therapy, and it was documented as providing relief, increasing functional ability, and decreasing medications. Therefore, the use of H-wave therapy is consistent with guideline recommendations, and is medically necessary.