

<b>Case Number:</b>	CM14-0201491		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/26/1999
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 who sustained a work-related injury on March 26 1999. Subsequently, the patient developed a chronic neck and back pain. According to a progress report dated on October 21 2014, the patient was complaining of ongoing back pain radiating to both lower extremities with lower extremities numbness and tingling. The patient was treated pain medications without full pain control. The patient was diagnosed with cervical and lumbar disc disease. The provider requested authorization for the following therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Stimulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation BlueCross BlueShield, 2007; Aetna, 2005

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

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain. There is no documentation that the request of H wave device is prescribed with other pain management

strategies. Furthermore, there is no clear evidence for the need of indefinite H wave therapy without periodic control of its efficacy. Therefore, the request for H-Wave Stimulation is not medically necessary.

████████ **Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 6

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Personal Risk Modification Page(s): 11. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Weight loss.  
[http://en.wikipedia.org/wiki/Weight\\_loss](http://en.wikipedia.org/wiki/Weight_loss).

**Decision rationale:** According to MTUS guidelines, strategies based on modification of individual risk factors such weight loss may be less certain, more difficult, and possibly less cost-effective to prevent back pain. There is no documentation that the patient failed weight control with exercise and diet. Caloric restriction associated to Diet modification, exercise and behavioral modification are the first line treatment of obesity. They don't require formal program. Drug therapy and surgery could be used in combination to the other modalities. There is no need for a formal program to lose weight for this patient. Therefore, the request for ██████████ weight loss program is not medically necessary.