MAXIMUS Federal Services

Case Number:	CM13-0001511		
Date Assigned:	03/03/2014	Date of Injury:	06/07/2002
Decision Date:	04/11/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

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 & 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 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 55 year-old male with a date of injury of 06/07/2002. The only progress report provided for review is dated after the Utilization review decision. According to report dated 02/11/2014 by [redacted], the patient presents with chronic low back, left buttock and lower extremity pain. The patient underwent a L5-S1 laminectomy and decompression of caudal equine with a foraminotomies and discectomy on 09/13/2013. The patient is noted to be doing well overall and no longer experiences any pain into his left lower extremity. He does report intermittent numbness into the left lower extremity. He is requesting to return to physical therapy and continue H-wave therapy which enables him to discontinue all narcotic medications when using the device. The patient's history report dated 06/26/2013 shows patient tried a TENS unit, which did not provide satisfactory relief as the TENS doesn't have enough power. Compliance confirmation report dated 07/10/2013 indicates patient has tried H-wave which provided more help, allowed decrease in medication, increase in function and 40% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT-POST-OP 30 DAY TRIAL OF THE H-WAVE SYSTEM.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) UNIT..

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

Decision rationale: Medical records show patient had a trial home use of TENS unit device, physical therapy, medications, chiropractic treatments and epidural shots. The patient tried an H-wave unit in July 2013 which provided pain relief, increase in function and decrease in pain. Report dated 02/04/2014 states patient is able to completely stop his narcotic intake with the use of H-wave unit. Per MTUS guidelines, H-wave is not recommended as an isolated intervention, but a 1-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. In this case, the patient has trialed and failed physical therapy, TENS, and medications and had positive response with the H-wave trial. Recommendation is for approval.