

Case Number:	CM13-0003346		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2009
Decision Date:	02/28/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/25/2013

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 and Rehabilitation, and 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 5'11", 205 lbs, right-handed, 47 year-old male, Land Survey Assistant, who injured his lower back on 11/12/2009 from heavy lifting, and aggravated it again on 7/17/12 from lifting a gear out of a locker. He has been diagnosed as s/p laminectomy 8/6/12. The IMR application shows a dispute with the 7/1/13 UR denial of a 30-day trial of H-wave. The 7/1/13 UR letter from [REDACTED], denied the H-wave unit form the 6/24/13 prescription from [REDACTED]. The 6/24/13 report is the H-wave vendor template addendum; it requests a home trial for TENS, but requests the H-wave system. There is also a [REDACTED] prescription template dated 5/16/13 for a TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of the H-Wave System for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 141-121.

Decision rationale: The patient presents with low back pain. The records show [REDACTED] requested a TENS purchase on 5/16/13 and requested H-wave purchase on 6/24/13. MTUS has criteria for the H-wave unit, stating it may be used: "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 indication the patient is in a program of functional restoration, no documentation of failed conservative care, or failed medications, and no discussion of the TENS trial. There was no discussion as to why the TENS unit was requested for purchase, just one month prior to the H-wave request, if the TENS unit did not help. Based on the available information, the MTUS criteria for use of/or trial of an H-wave unit has not been met.