

Case Number:	CM13-0009177		
Date Assigned:	09/11/2013	Date of Injury:	11/02/1998
Decision Date:	01/08/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

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 Pain Medicine, and is licensed to practice in Ohio and Texas. 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.

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 38 year old male who reported injury on 11/02/1998. He is currently status post lumbar decompression/fusion on 03/12/2012 with residual pain to lower back. He has been under orthopedic and pain management care since the injury and was released to go back to work with restrictions, although he is currently not working. The most recent clinical notes suggest that the patient is on a current but unspecified medication regime, to include narcotics, and a home exercise program. The provided document included was an initial patient compliance and outcome report dated 07/11/2013, 17 days after initiation of an H-wave stimulator. In the information provided, the patient reports use of the stimulator 3 times daily for less than 30 minutes with a 50% decrease in pain, but no decrease in the amount of medications taken. There are no clinical notes past this date to provide any other objective findings, nor is there evidence of approval for the machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave 30 day rental: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend H-Wave stimulation only after documented failure of conservative care, to include medications, physical therapy, and transcutaneous electrical stimulation. The MTUS guidelines also recommend that it be used in conjunction with an evidence based functional restoration program. In the medical records provided, there was no documentation of physical therapy, only brief mention of a non-specific home exercise program with no correlating objective findings of efficacy, no evidence of a trial of a TENS unit, and no proposed adjunctive plan of therapy submitted with this request. There is also evidence that the employee has already been using an H-wave stimulator for at least 17 days. Therefore, the request for 30 day rental of H-wave stimulator is non-certified. The request for H-wave 30 day rental is not medically necessary and appropriate.