

Case Number:	CM13-0010223		
Date Assigned:	11/08/2013	Date of Injury:	08/13/2001
Decision Date:	01/22/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physicla Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 71 year old male with a date of injury of August 13, 2001. The patient has diagnoses of acquired spondylolisthesis and lumbosacral spondylosis. The patient is status post lumbar hardware removal on June 06, 2013. Utilization review denied request for 3 month rental of H-wave. Medical records, dated May 06, 2013, by [REDACTED] state that the patient continued to have pain and tenderness in the L5-S1 bilaterally with an increase in pain with range of motion, and sensation was intact and motor strength and gait was normal. According to the progress report dated June 24, 2013, [REDACTED] recommended an H-wave unit to reduce oral medication, improve circulation, and decrease congestion in the injured region. Medical records show that the patient had a home trial of a transcutaneous electrical nerve stimulation (TENS) device initiated on June 05, 2013 for 15 days. Outcome report of the trial indicates that the patient had 90% improvement, but when asked if TENS provided adequate relief (increase in function or reduction in medication), the patient stated no. ã¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a three (3) month rental of a Home H-wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): s 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): s 114-116.

Decision rationale: The patient is status post lumbar hardware removal from June 06, 2013. Medical records dated May 06, 2013 by [REDACTED] states that the patient continued to have pain and tenderness in the L5-S1 area bilaterally with an increase in pain with range of motion, sensation was intact and motor strength and gait was normal. Medical records show that the patient had a home trial of transcutaneous electrical nerve stimulation (TENS) device initiated on June 05, 2013 for 15 days. Although the outcome report indicates patient had 90% improvement, when asked if TENS unit provided meaningful progress, such as an increase in function and/or reduction of medication usage, the patient's response was negative. Per the Chronic Pain Medical Treatment Guidelines, 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, and only following failure of initially recommended conservative care. In this case, the patient's trial of a TENS unit for 15 days did not result in functional improvement as defined by Labor Code 9797.2(f), significant improvement in activities of daily living or reduction of work limitation AND reduced dependency on continued medical treatments. Therefore the request for a 3 month rental of H-wave device is not medically necessary and appropriate.