

Case Number:	CM13-0022754		
Date Assigned:	07/02/2014	Date of Injury:	05/07/2005
Decision Date:	08/12/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated August 22, 2013, the claims administrator denied a request an H-Wave stimulation device. A variety of MTUS and non-MTUS guidelines were cited, including Third Edition ACOEM Guidelines and ODG Low Back Chapter. The applicant's attorney subsequently appealed. The H-Wave device was requested via a vendor form of August 15, 2013, in which it was scrawled that the applicant had failed a clinical trial of the TENS unit. In a July 22, 2013 progress note, the applicant was given prescriptions for Vicodin and Celexa. The applicant was described as permanent and stationary. The attending provider stated that the applicant was not working and had been deemed disabled. The applicant's pain was reportedly worse at night, it was further noted. There was no mention of the applicant's having tried and/or failed TENS unit. Similarly, in a June 20, 2013 progress note, the applicant was again described as having persistent pain complaints, reportedly 3-4/10 with medications and 10/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase or thirty day rental of an H-Wave electric stimulator with supplies and batteries:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does tepidly support a one-month trial of an H-Wave stimulation device in the treatment of diabetic neuropathic pain and/or chronic soft tissue inflammation if employed as an adjunct to a program of functional restoration in applicants who failed initially recommended conservative care, including physical therapy, home exercise, medications, and a conventional TENS (transcutaneous electrical nerve stimulation) unit, in this case, however, the attending provider has posited that ongoing usage of analgesic medications has been effective, and is, moreover, lowering the applicant's pain levels from 10/10 to 3-4/10. There is no clear, concrete evidence that the applicant has in fact tried and/or failed a conventional TENS unit, either. Therefore, the request for the purchase or thirty day rental of an H-Wave electric stimulator with supplies and batteries is not medically necessary or appropriate.