

Case Number:	CM13-0025785		
Date Assigned:	11/01/2013	Date of Injury:	11/18/2009
Decision Date:	02/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, 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 female sustained an injury on 11/18/09 while employed by the [REDACTED]. A report dated 6/19/13 from [REDACTED] noted subjective complaints of pain, as well as exhibitions of impaired range of motion (ROM), and impaired activities of daily living. Diagnoses included Lumbago and right lower extremity radiculopathy. A treatment plan included physical therapy, medications, and home H-wave use while the patient remained on full duty. There is a declaration dated 7/10/13 completed by the injured worker noting prior home use of a TENS device offered "only temporary relief while on." A report from [REDACTED] dated 7/30/13 noted checked boxes for complaints of pain and impaired activities of daily living. Overall, the patient stated range of motion and/or function increased. However, a report dated 7/24/13 titled "Registration and Compliance Confirmation" for H-wave use noted the patient's pain level before H-wave use to be 7-8/10 with 30% improvement. There is a report from [REDACTED] dated 12/5/12 and 1/20/13 noting the patient with low back pain at level "remains 2-3 with medications, back up to 5-6 without meds. Uses Acetaminophen, Naproxen, Gabapentin. TENS unit is being used with good transient effect." Plan was for cognitive behavioral therapy for chronic back and sciatic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: In the medical records provided for review there are many conflicting reports as some indicate the TENS unit provided a good effect while others noted pain level decreased to 2-3/10 with medication use, not as a result of any electrical stimulation therapy. The MTUS Chronic Pain Guidelines recommend a one-month rental trial to be appropriate to permit the physician and provider to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has undergone a 30-day trial of H-wave use without any documented consistent pain relief in terms of decreased medication dosing and clear specific objective functional improvement in activities of daily living. The request for a home H-wave device purchase is not medically necessary and appropriate.