

Case Number:	CM13-0032165		
Date Assigned:	12/04/2013	Date of Injury:	08/22/2006
Decision Date:	01/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/07/2013

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:

The patient is a 51-year-old female who reported an injury on 08/28/2006. The mechanism of injury was not provided for review. The patient's pain was treated conservatively with physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, medications, psychiatric supportive care, and piriformis injections. The most recent clinical documentation submitted for review provides limited examination findings. It is noted the patient has severe low back pain rated at 7/10 to 8/10 complicated by depression. The patient's treatment plan included a 1 month trial of H-wave therapy. After undergoing a period of H-wave therapy usage, the patient developed hives and the trial was disrupted. An additional trial was recommended with the use of hypoallergenic electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device (one month home trial per form): Overturned

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

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

Decision rationale: The clinical documentation submitted for review does indicate the patient previously underwent an attempt to participate in an adequate trial of H-wave therapy. It is noted within the documentation the patient was having some benefit from the H-wave therapy. However, the trial was disrupted as the patient had an allergic reaction to the electrodes. The California Medical Treatment Utilization Schedule recommends H-wave therapy when conservative care to include physical therapy, medications, and a transcutaneous electrical nerve stimulation (TENS) unit have failed to resolve the patient's symptoms. The clinical documentation submitted for review does indicate the patient has not responded to lesser forms of conservative therapy. As the patient had a disruption in the initial trial, an additional trial would be indicated to allow for an adequate period of time to provide functional benefit and symptom relief. As such the requested Home H-Wave (one month home trial per form) is medically necessary and appropriate