

Case Number:	CM13-0034421		
Date Assigned:	12/06/2013	Date of Injury:	11/29/1993
Decision Date:	02/03/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 male who reported an injury on 09/06/2002 incurred while lifting and twisting 50 pounds. He has had severe axial back pain and radiculopathies into his bilateral lower extremities to include pain and numbness in the bilateral feet. The patient has had four spinal surgeries and was "found" to have a new Grade II anterolisthesis after the last surgery. As of October 08, 2013, the patient had had a bone scan performed due to a possible fifth surgical procedure. He stated that he is still quite happy with his pain regimen and does not have any complaints. The patient does rate his pain at 5-8/10 with worsening factors to include sitting, standing, and overdoing things; while alleviating factors include medication and rest. The pain medications reportedly improve his pain 10% without any side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Stimulation X 3 Months and supplies for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-115.

Decision rationale: Under the CA MTUS guidelines, H-wave stimulating devices are covered under the Transcutaneous electrotherapy which states that these units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As noted in the documentation, the patient has had continuous chronic back pain and although receiving some pain relief through the use of oral medications, would benefit from the use of an H-wave stimulating device. However, a 3-month use of the device exceeds the one month trial set by the CA MTUS guidelines. Furthermore, there is nothing indicated that the patient is going to be utilizing this equipment as an adjunct to another conservative modality. Therefore, the requested service does not meet guideline criteria for the use of an H-wave stimulating device at this time.