

Case Number:	CM13-0043066		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2002
Decision Date:	02/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 progress report dated 07/26/2013 by [REDACTED] indicates that the patient's diagnoses include: lumbar spine multilevel disk protrusion, lumbar fasciitis/facet syndrome. The patient continues to have low back pain and reported his symptoms were worse due to a long drive. Patient had been using a home TENS (transcutaneous electrical nerve stimulation) unit for the last couple of years with some relief, but the effectiveness has decreased in the last few months. The patient had requested a trial of the H-wave unit to see if it would offer more relief. The progress report dated 10/18/2013 indicates that the patient had been using an H-wave unit which helped tremendously to increase the patient's ADLs (activities of daily living), increase range of motion, and decrease pain. He reported 80% improvement with use of the H-wave. The patient reported that he was able to completely stop the use of Motrin when he uses the H-wave; however, when he stops the H-wave at a trial, he had to start the Motrin again. Request was made for rental on H-wave unit for 3 months. The Utilization Review letter dated 10/16/2013 denied the 3-month rental due to lack of documentation submitted to support the medical necessity for 3 additional months of H-wave rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-Wave system rental for 3 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117 and 118.

Decision rationale: The patient continues with low back pain which is significantly helped with H-wave therapy. The patient has a history of TENS unit therapy that has no longer provided benefit, was then trialed on H-wave therapy. The records indicate that the patient was able to pretty much stop the use of Motrin with the use of the H-wave therapy unit. The Chronic Pain Medical Treatment Guidelines states that trial periods of more than 1 month should be justified by documentation submitted for review. The patient appears to have used the H-wave unit on a regular basis and has reported functional improvement including reduction of pain medication such as Motrin, which the patient reported was pretty much discontinued because of the use of the H-wave unit. The request for an H-Wave system rental for 3 months is medically necessary and appropriate.