

Case Number:	CM13-0048287		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2009
Decision Date:	08/05/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/05/2013

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:

This patient is a 32 y/o male, DOI 5/31/09. Subsequent to the injury he developed persistent low back pain with radiculopathy. He eventually had surgery 1/25/11 with a laminectomy/discectomy. There was pain relief after surgery, but the low back and radicular pain have slowly returned. He is treated with increasing oral analgesics and periodic epidural injections and has trialed a TENS unit without lasting benefit. He has had extensive physical therapy. The patient has returned to work as a police officer, but is having some difficulty due to the 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 1 MONTH TRIAL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: The patient meets the strict MTUS Guideline criteria for a 30 day trial of an H-wave unit. There has been active functional rehabilitation, a failed trial of a TENs unit and inadequate pain relief from oral analgesics. The prior U.R. review denied the trial stating the the

H-wave had not first been applied and trialed by a treating physician or physical therapist as this is a MTUS Guideline standard before a 30 day trial of a inferential current stimulator. However, this is not in the MTUS Guideline standards before a 30 day trial of a TENS or H-wave unit. The prior UR decision is reversed due to the UR's use of the incorrect device standard. The request for home H wave device 1 month trial is medically necessary.