

Case Number:	CM13-0054060		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2013
Decision Date:	03/17/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 is a 34-year old gentleman with a history of low back injury that occurred after slipping while carrying a 50-pound box. He has diagnoses of lumbosacral strain and radiculopathy. The patient has had medications, chiropractic care, PT, and a lumbar support. MRI shows a disc protrusion with impingement of the left S1 nerve root and electrodiagnostics show a mild chronic left S1 radiculopathy. He was seen by an orthopedist in consultation, and surgery was not recommended. The patient has persistent symptoms despite medications and chiropractic treatment, and physical therapy, but has not had a home TENS trial. The patient reportedly tried a TENS in clinic, and states that this was not helpful. However, there were no reports that discuss a formal 30-day home TENS trial. This was reviewed in Utilization Review on 7/10/13, and an H-Wave device rental for 3 months was not recommended for certification. It was reviewed again for purchase on 10/24/13, and once again, it was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The Chronic Pain Guidelines do not recommend the H-Wave as an isolated intervention, but do support a one-month home-based trial as an adjunct to a program of evidence-based functional restoration, with failure of conservative care, including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). The Guidelines define a TENS trial as a one-month period. This patient does have pain despite medications, physical therapy, and chiropractic treatments; however, a formal home TENS trial for one-month has not been done. Trying a TENS device in clinic does not constitute a formal TENS trial. The medical necessity of an H-Wave for home use is not established.