MAXIMUS Federal Services

Case Number:	CM13-0054426		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2009
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
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 Emergency Medicine, and is licensed to practice in Texas. 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 60-year-old female who reported an injury on 10/15/2009, secondary to a fall. The patient is currently diagnosed with left sciatica, post surgery to the lumbar spine. The patient was recently seen by [redacted] on 09/10/2013. The patient reported persistent pain with radiation to the left lower extremity. The patient reported 40% improvement following TENS (Transcutaneous electrical nerve stimulation) therapy. Physical examination revealed paraspinal spasm, trigger points, 75% reduced range of motion, intact sensation, and positive straight leg raising. The treatment recommendations included continuation of current medication. A previous request for authorization form was submitted on 08/26/2013 by [redacted]. [redacted] for the purchase of an H-wave stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 multifunctional stimulator H-Wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care. As per the documentation submitted for review, there is no evidence of a failure to respond to conservative treatment including physical therapy, medications, and TENS (Transcutaneous electrical nerve stimulation) therapy. The patient currently utilizes a TENS unit, which provides 40% relief. There is no evidence of this patient's active participation in a functional restoration program to be used in conjunction with the H-wave stimulation device. Additionally noted, a 30 day evaluation trial of the H-wave home care system was requested on 04/18/2013, followed by a 3 month request for the H-wave system on 06/13/2013. Documentation of this patient's previous use of the H-wave system was not provided. Based on the clinical information received, the request is non-certified.