MAXIMUS Federal Services

Case Number:	CM13-0059732		
Date Assigned:	12/30/2013	Date of Injury:	03/22/1982
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal 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:

The patient is a 65-year-old female with date of injury on 03/22/1982 and has complaints of low back pain with pain radiation down her legs and numbness/tingling in her feet. There is minimal documentation as to prior therapies 20-30 years ago but it is reported that she has failed standard physical therapy, transcutaneous electric nerve stimulation (TENS) unit, acupuncture, and standard medication regiments. The patient used the H-wave device with reported increase in functionality and improvement in pain scores by 80%. The area treated was the low back. This was a 22-day report from 11/12/2013 - 12/04/2013. The provider wants to use the H-wave device with her other conservative treatment modalities to help her chronic pain. The current request is for H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL FOR A H-WAVE UNIT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The MTUS guideline addresses H-wave therapy as an alternative treatment to be used adjunctively to other standard treatment. However, the patient must fail more traditional conservative approaches, including transcutaneous electric nerve stimulation (TENS) unit. There is report that TENS device was tried and did not work. There is also report of minimal relief with physical therapy, acupuncture, and medical therapy. The H-wave device is a reasonable approach and thus, criteria are met for trial of an H-wave device and the prior UR decision is reversed.