

Case Number:	CM13-0065217		
Date Assigned:	01/03/2014	Date of Injury:	04/30/1990
Decision Date:	04/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The applicant is a represented The [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 1990. Thus far, the applicant has been treated with following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; short-acting opioids; unspecified amounts of acupuncture and yoga; and a TENS unit trial. In a Utilization Review Report of November 18, 2013, the claims administrator denied a request for a one-month rental of an H-Wave home system. The applicant's attorney subsequently appealed. A progress note of December 12, 2013 is notable for comments that the applicant reports pain ranging from 3-8/10. The applicant states that walking, stretching, activity, ice, heat, massage are generating pain relief. The applicant is on Lidoderm, Motrin, and Percocet. Medications are renewed, along with additional acupuncture. A corticosteroid injection is reportedly considered. Multiple progress notes interspersed throughout 2013, including March 27, 2013 and June 26, 2013 state that ongoing usage of a conventional TENS unit has been successful and that the applicant should therefore continue usage of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH USE OF A HOME H-WAVE DEVICE: Upheld

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 H-Wave Stimulation Page(s): 117.

Decision rationale: No, the proposed H-Wave home care system one-month trial is not medically necessary, medically appropriate, or indicated here. As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are tepidly endorsed in the treatment of chronic soft tissue inflammation and diabetic neuropathic pain, as an adjunct to a program of functional restoration, in those applicants in whom other appropriate pain modalities, including pain medication, exercises, physical therapy, and a conventional TENS unit have been tried and/or failed. In this case, however, the applicant is apparently using a conventional TENS unit to good effect. The applicant is also using several analgesic medications, also with good effect, effectively obviating the need for the H-Wave device in question. Accordingly, the request is not certified.