

Case Number:	CM14-0036697		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2011
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for an H-Wave stimulation one-month trial. The claims administrator cited a variety of MTUS and non-MTUS Guidelines, including Third Edition ACOEM Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines. The request is denied on the grounds that the applicant had not previously attempted to use the TENS unit on a home basis. The applicant's attorney subsequently appealed. In a progress note dated June 14, 2014, the applicant was described as off of work, on total temporary disability. The applicant had apparently used the H-Wave device, despite the utilization review denial. The applicant reported 6-7/10 pain. The applicant was still using Voltaren gel for pain relief. The applicant had ongoing complaints of low back and leg pain. Voltaren, Naprosyn, Flexeril, and omeprazole were renewed while the applicant was placed off of work, on total temporary disability, for an additional six weeks. On February 23, 2014, the applicant was described as using Naprosyn, Flexeril, Terocin, and omeprazole. The applicant was asked to employ a trial of an H-Wave device. The attending provider stated that the applicant had ongoing complaints of low back and shoulder pain and had apparently tried the TENS unit during physical therapy without any significant relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit rental for 1 month: 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: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of an H-Wave device is tepidly endorsed in the treatment of chronic soft tissue inflammation and/or diabetic neuropathic pain in applicants in whom there has been a failure of initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit. In this case, the applicant has not previously tried and/or failed a conventional TENS unit on home-use basis before the H-Wave device was considered. Similarly, there is no clear or concrete evidence that the applicant had failed usage of analgesic medications altogether. Therefore, the H Wave unit rental for one month is not medically necessary.