

Case Number:	CM14-0041245		
Date Assigned:	06/20/2014	Date of Injury:	06/21/2009
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 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:

This is a 60-year old gentleman with a date of injury of 6/21/09. Mechanism of injury was back injury caused while moving a refrigerator. The patient was diagnosed with lumbar disc disease, low back strain, chronic pain, and failed back syndrome. He has a history significant for prior L4-S1 fusion with subsequent pseudoarthrosis. The patient has had extensive treatment, however, has not had a formal TENS trial. A request for an H-Wave trial was submitted to Utilization Review, with a decision rendered on 2/21/13. During peer-to-peer with the clinician, the requesting clinician agreed with the UR physician with regards to no prior TENS trial prior to consideration of an H-Wave trial. Given that there was no prior failure of a formal TENS trial, non-certification of the H-Wave trial was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H- wave stimulation Page(s): 1, 117. Decision based on Non-MTUS Citation ACOEM Occupational medicine chapter 7 pg 127 Official Disability Guidelines 12th edition 2014 Hip and pelvis- sacroiliac joint blocks.

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

Decision rationale: 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 PT, medications and TENS. Guidelines define a TENS trial as a one-month period. This patient does have pain despite extensive treatment that has included lumbar fusion and interventional procedures/implants, however, a formal home TENS trial for one-month has not been done. Peer-to-peer was established with the clinician during the UR determination in dispute, and documentation of peer-to-peer discussion states that the requesting provider agreed that a prior home TENS trial had not been done first. Criteria for an H-Wave trial is not met, and medical necessity is not established.