MAXIMUS Federal Services

Case Number:	CM15-0008893		
Date Assigned:	01/26/2015	Date of Injury:	11/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back pain reportedly associated with an industrial injury of November 3, 2014. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for an H-Wave stimulator device. The claims administrator referenced a September 11, 2014 progress note in its determination. The claims administrator, somewhat incongruously, referenced both the ACOEM Practice Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines, despite the fact that this was not seemingly a chronic pain case as of the date of the request. The information on file was sparse but did include an RFA form dated December 11, 2014, in which a 30-day trial of an H-Wave device was sought. In an associated progress note of the same date, December 11, 2014, the applicant reported primary complaint of low back pain. Right lower extremity sciatic symptoms were evident. MRI imaging of the lumbar spine was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave rental 30 day trail: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Electrical Therapy section: "H-Wave stimulation is not recommended for treatment of acute, subacute, or chronic low back pain or radicular pain syndromes."

Decision rationale: H-Wave devices represent a subset of transcutaneous electrical nerve stimulation or TENS therapy. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that TENS units are "not recommended" in the management of low back pain complaints as was/is present here. The Third Edition ACOEM Guidelines more explicitly note that H-Wave stimulation is "not recommended" for treatment of acute, subacute, or chronic low back pain. The attending provider did not furnish any compelling applicant-specific rationale which would compel provision of the H-Wave device in the face of the unfavorable ACOEM position on the same. There was, for instance, no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.