

Case Number:	CM13-0030411		
Date Assigned:	03/28/2014	Date of Injury:	09/06/2006
Decision Date:	05/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 6, 2006. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; multiple lumbar spine surgeries, including a fusion surgery on July 9, 2013; and extensive periods of time off of work. In a utilization review report of September 11, 2013, the claims administrator denied a request for an H-Wave homecare system purchase, stating that there is no evidence that the applicant had previously failed a transcutaneous electrical nerve stimulation (TENS) unit. A survey of other utilization review reports on file suggests that a 30-day trial of an H Wave homecare system was administratively approved on May 8, 2013. The applicant's attorney appealed the H-Wave homecare system denial. The applicant's case and care have been complicated by comorbid diabetes, it is noted. In a physical therapy progress note of August 14, 2013, the applicant was described as having undergone seven sessions of postoperative physical therapy through that point in time. The applicant was still feeling uncomfortable, was no longer using an assistive device. The applicant remained on Norco for pain relief and was having difficulty with housekeeping and bending. An additional 12 sessions of physical therapy were sought. The applicant did not appear to be working at that point in time. Also reviewed are several surveys provided by the device vendor and applicant which states that usage of the H-Wave device has been beneficial. It is unclear whether these notes were countersigned by the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE- LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave Stimulation,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave Stimulation, Page(s): 118. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIALS OF THE H-WAVE HOMECARE DEVICE , 118

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, trials of the H-Wave homecare device of greater than one month and/or purchase of the device should be based on the documentations submitted for review. In this case, however, the documentations were submitted for review does not clearly suggest that the applicant has achieved successful outcomes in terms of either pain relief of function as a result of a the earlier one-month trial of an H-wave device. The applicant does not appear to be working. The applicant seems to be continuing Norco, an opioid agent, and is still attending physical therapy. The bulk of the evidence on file requesting the H-Wave device appears to stem from the device vendor and the applicant as opposed to the attending provider. For all the stated reasons, then, the proposed H-Wave homecare device purchase is not certified, on independent medical review.