

Case Number:	CM13-0031901		
Date Assigned:	01/24/2014	Date of Injury:	06/15/2006
Decision Date:	03/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 neck and shoulder pain associated with an industrial injury sustained on June 15, 2006. Thus far, the applicant has been treated with analgesic medications, cervical fusion surgery, transfer of care to and from various providers in various specialties, topical compounds, and extensive periods of time off of work, on total temporary disability. In a vendor report dated November 1, 2013, the device vendor and applicant stated that the applicant has tried physical therapy, home exercises, and a TENS unit. A note dated December 10, 2013 stated that the applicant had spinal stenosis, residual rotator cuff tear, cervical spine myofascial pain syndrome, and multiple tender points. Motrin, Prilosec, and topical compounds were renewed. Permanent work restrictions were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

one-month trial of an H-wave system (E1399) to be used 1-2 times daily for 30-60 minutes per use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: As noted in the MTUS Chronic pain Medical Treatment Guidelines, H-Wave home care systems are tepidly endorsed as a noninvasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation, if used as an adjunct to a program of functional restoration and only following failure of initially recommended conservative care, including physical therapy, medications, and TENS. In this case, however, there is no clear evidence that the applicant has in fact failed analgesic medication, physical therapy, and/or conventional TENS therapy. The only information on file suggesting that the applicant has tried and failed a conventional TENS unit is the report of the H-Wave device vendor. The attending provider did not specifically allude to usage of either H-wave or TENS in any recent progress note. Finally, the fact that the applicant is using and tolerating oral ibuprofen without any reported difficulty, impediment, and/or impairment effectively obviates the need for the proposed H-Wave home care system. Therefore, the request is non-certified.