

Case Number:	CM13-0038860		
Date Assigned:	12/18/2013	Date of Injury:	11/24/2004
Decision Date:	04/09/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This is a 54 year-old female who as injured on 11/24/2001. She has been diagnosed with chronic pain syndrome, neck and back pain and DDD. According to the 7/22/13 report from [REDACTED] the patient presents with neck and back pain, with headaches. The plan was for an H-wave trial to try to decrease her medications. The 8/20/13 report states the patient is scheduled to receive the H-wave unit on 8/21/13. There are no medical reports from September 2013 provided for this IMR, The next report is dated 10/16/13, and shows no improvement, and the patient is asking for a new bed. On 9/24/13 UR recommended against a 3-month rental for a home H-wave, based on the 9/17/13 report. The 9/17/13 report was not provided for this IMR, but Final Determination Letter for IMR Case Number [REDACTED] according to UR, showed that with one H-wave treatment, she had 100% improvement in pain, and 88% improvement in ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months Rental of Home H-Wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), TENS, Page(s): 114-121.

Decision rationale: The patient presents with neck and back pain. On 8/20/13, [REDACTED] notes the patient was scheduled to receive the H-wave unit on 8/21/13. The UR letter states there was a 9/17/13 report, that discusses efficacy of the H-wave, but unfortunately, this 9/17/13 report was not provided with the records for this IMR. Medical Reports have been submitted for the following dates: 8/20/13 which shows the day before the H-wave trial was to start and 10/16/2013 does not mention the H-wave. MTUS guidelines state a one-month trial of h-wave is an option for neuropathic pain or chronic soft tissue inflammation. The request before me is for a 3-month rental, which exceeds the MTUS recommendations.