

Case Number:	CM13-0047463		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2010
Decision Date:	05/08/2014	UR Denial Date:	10/20/2013
Priority:	Standard	Application Received:	11/03/2013

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 is represented [REDACTED] employee who has filed a claim for chronic low back and left leg pain reportedly associated with an industrial injury of March 5, 2010. 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; unspecified amounts of physical therapy; an earlier lumbar fusion surgery of April 7, 2013; and work restrictions. In a utilization review report of October 20, 2013, the claims administrator denied a request for an H-wave home care system purchase. The applicant's attorney subsequently appealed. An earlier note of October 4, 2012 is notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. A November 25, 2013 progress note is notable for comments that the applicant reports persistent low back pain. X-rays apparently demonstrated stable lumbar fusion. It is stated, somewhat incongruously, in one section of the report that the applicant is permanent and stationary while in a subsequent section of the report suggested that the applicant is off of work, on total temporary disability. Also reviewed are reports from the applicant and vendor dated November 3, 2013, stating that usage of the H-wave device has been beneficial. On September 27, 2013, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE FOR PAIN MANAGEMENT, LUMBAR SPINE AND LEFT LEG, PER 10/07/13 FORM, QUANTITY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Topic Page(s): 118.

Decision rationale: In this case, the applicant has apparently used the H-wave system for several weeks. The device was apparently furnished by the applicant's vendor. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, however, usage of an H-wave homecare system beyond one-month trial period should be predicated on evidence of a favorable outcome in terms of pain relief and function with an earlier trial of the same. In this case, however, the applicant remains off of work, on total temporary disability, despite prior usage of the H-wave device. The request, moreover, appears to have been initiated by the applicant and device vendor as opposed to the attending provider. The attending provider did not specifically allude to or mention a favorable response to an earlier one-month trial of the H-wave homecare device in any recent progress note provided. Therefore, the request for purchase of an H-wave homecare system is not certified owing to a lack of functional improvement despite earlier usage of the device in question.