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| Case Number: | CM13-0051434 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/17/2013 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representation; and extensive periods of time off of work. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for an H-Wave home care system device purchase. The applicant's attorney subsequently appealed. In an applicant questionnaire of September 21, 2013, the applicant states that usage of an H-Wave device has been beneficial. The device vendor, applicant, and attending provider seemingly endorsed purchase of the device in question. Little or no narrative commentary is provided. The bulk of the information is provided by the applicant and device vendor as opposed to the attending provider. A subsequent progress note of November 19, 2013 is notable for comments that the applicant has persistent low back pain, shoulder pain, and midback pain. The applicant is still using Norco for pain relief and is 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:

DME HOME H-WAVE DEVICE PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of more than one month of an H-Wave home care system should be based on favorable outcomes in terms of pain relief and function. In this case, the applicant appears to have used the H-Wave home care system for several months. However, there has been no evidence of favorable response to the same, in terms of either pain relief or function. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various analgesic medications, including Norco. Since there has been no demonstration of functional improvement as defined in MTUS 9792.20f despite prior usage of the H-Wave device, the request is not certified, on Independent Medical Review.