

Case Number:	CM13-0059913		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2000
Decision Date:	05/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 arthralgias, arthropathy, chronic low back pain, and chronic knee pain reportedly associated with an industrial injury of May 13, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for an H-Wave home care system purchase, stating that there was no evidence that the applicant had in fact tried and failed a conventional TENS unit. A May 6, 2013 progress note is notable for comments that the applicant reports persistent neck pain, knee pain, midback pain, and low back pain. The applicant is given diagnosis of knee internal derangement, low back pain, lumbar radiculopathy, and chronic neck pain. A short course of physical therapy, an H-Wave unit, and Robaxin are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Section Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave stimulation is not recommended as an isolated intervention but can be employed as an adjunct to a program of evidence based functional restoration in those applicants who have failed initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit. In this case, however, additional physical therapy has been endorsed. While the attending provider has stated that the applicant has failed a TENS unit, the applicant still appears to be in the process of receiving further physical therapy. The applicant has also been asked to employ a new analgesic medication, Robaxin, effectively obviating the need for the H-Wave stimulation device. Therefore, the request is not certified, on Independent Medical Review.