

Case Number:	CM14-0008394		
Date Assigned:	02/12/2014	Date of Injury:	06/06/2012
Decision Date:	08/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back and right knee pain reportedly associated with an industrial motor vehicle accident of June 6, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; lumbar MRI imaging of April 22, 2013 notable for a 5-6 mm disk protrusion at L3-L4 and a 4-5 mm disk protrusion at L4-L5; earlier knee arthroscopy; epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 10, 2014, the claims administrator denied a request for a home H-Wave device. The injured worker's attorney subsequently appealed. In a February 12, 2014 progress note, the injured worker was described as having retired from the [REDACTED]. The injured worker had had multiple epidural steroid injections, it was stated, and was asked to continue these on an as-needed basis. The injured worker was asked to continue medications as well. On January 8, 2014, the injured worker was advised to continue the usage of Norco, an oral analgesic medication. On December 29, 2013, the injured worker was declared permanent and stationary. Permanent work restrictions were imposed which have interfered with the injured worker's returning to regular duty work as a police officer.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H- WAVE DEVICE:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state H-Wave stimulation is tepidly endorsed on a one-month trial basis in injured workers with chronic soft tissue inflammation and/or diabetic neuropathic pain who have tried and failed analgesic medications, home exercises, physical therapy, and a conventional transcutaneous electrical nerve stimulation (TENS) unit. In this case, there is no evidence that the injured worker has failed first-line analgesic medications. The injured worker is described as using first-line oral Norco with reportedly good effect. There was no mention of the injured worker having failed physical therapy and/or having previously tried and/or failed a conventional TENS unit. Therefore, the request is not medically necessary.