MAXIMUS Federal Services

Case Number:	CM14-0104519		
Date Assigned:	07/30/2014	Date of Injury:	06/01/1994
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Management 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 53-year-old female who sustained cumulative trauma work-related injuries on June 1, 1994. She has history of chronic neck pain, chronic lumbar pain, recurrent myofascial strain, reactive anxiety, depression, narcotic dependency, possible constipation, right shoulder rotator cuff repair, right tibial plateau fracture open reduction, and internal fixation.Per the most recent progress notes dated April 23, 2014, the injured worker continued with severe and global pain complaints and symptoms of fibromyalgia. She was completing her surgical treatment and remained under the care of a psychiatrist. She also reported nausea and generalized pain. Objectively, some slight improvement of mood was noted. A resolving hematoma over her left due to a recent fall was also noted. Her entire axial spine remained severely tender with allodynia to light touch and restricted range of motion. She is diagnosed with (a) fibromyalgia, (b) narcotic dependency, (c) major depressive disorder, (d) bilateral shoulder internal derangement, (e) lumbar spondylosis, (f) status post right tibial plateau fracture with open reduction internal fixation and post-traumatic arthrosis, (g) cervical spondylosis, (h) morbid obesity with a history of gastric by-pass, and (i) chronic migraine syndrome. She was recommended to continue with narcotic wean and detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: 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) Page(s): 117.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate that this treatment modality is not recommended as an isolated intervention but a one-month trial home-based may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy (i.e., exercise) and mediations, plus transcutaneous electrical nerve stimulation. In this case, there is no evidence that the injured worker meets the aforementioned indications, or has tried and failed other conservative treatments and no indication that a transcutaneous electrical nerve stimulation unit was also used and failed. Also, guidelines also indicate that there is no evidence that H-wave is more effective as an initial treatment when compared to transcutaneous electrical nerve stimulation. Based on these reasons, the medical necessity of the requested H-wave stimulation is not established.

Tempur-pedic bedding mattress with sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- low back- Mattress selection- (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME)

Decision rationale: According to Official Disability Guidelines, an item can be considered as a durable medical equipment if it meets all of the following criteria: (a) Can withstand repeated use, (b) is primarily and customarily used to serve a medical purpose, (c) generally is not useful to a person in the absence of an illness or injury, and (d) is appropriate for use in the home. In this case, a sleeping mattress is considered as comfort item and not a therapeutic device. Therefore, it does not meet the aforementioned criteria and is not medically necessary.