

Case Number:	CM14-0013190		
Date Assigned:	02/24/2014	Date of Injury:	03/03/2010
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; computerized range of motion testing; and extensive periods of time off of work. In a January 17, 2014 Utilization Review Report, the claims administrator denied a request for an H-Wave trial. An April 22, 2013 progress notes is notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. On November 13, 2013, the device vendor, applicant's chiropractor, and applicant reported through a vendor questionnaire that the H-Wave device was reportedly beneficial. The applicant also wrote on February 28, 2014 that the device was beneficial. However, on May 30, 2013, the applicant was again described as off of work, on total temporary disability, with multifocal neck, upper back, low back, knee, and foot complaints. The applicant was using Motrin, tramadol, Prilosec, and Lindora at that point in time. On January 10, 2014, the applicant was again asked to remain off of work, on total temporary disability and obtain consultation with a neurologist and a spine surgeon. The applicant was having difficulty sleeping at night and was waking up several times at night owing to complaints of pain and cramping. The applicant was apparently given prescriptions for Effexor and Desyrel on January 6, 2014. An earlier note of November 27, 2013 was again notable for comments that the applicant was 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 FOR PURCHASE FOR LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation topic. Page(s): 118-119.

Decision rationale: As noted on page 118-119 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave Home Care System following one month's trial should be justified by documentation submitted for review. Evidence should be provided as to how often the TENS unit has been used, as well as outcomes in terms of pain relief and function. In this case, however, there has been no evidence of favorable outcome in terms of either pain relief or function. The applicant remains highly reliant and dependent on various medications, including adjuvant medications such as Effexor. The applicant remains off of work, on total temporary disability. Contrary to what has been reported by the device vendor and/or applicant, the applicant has not demonstrated any clear evidence of favorable outcomes in terms of either pain relief or function through prior usage of the H-Wave device. Therefore, the request for home h-wave for purchase for lumbar spine is not medically necessary and appropriate.