

Case Number:	CM14-0028956		
Date Assigned:	06/16/2014	Date of Injury:	08/09/2013
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with the following: Attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for an H-Wave home care system one-month trial. In a February 19, 2014 letter employing preprinted checkboxes, the device vendor sought authorization for an H-Wave home care system stating that the applicant had reportedly physical therapy, medications, and/or a conventional TENS unit. The name of the applicant's primary treating provider, a chiropractor was stamped upon the report. No clinical information or progress notes were attached to this particular request, however. In a handwritten chiropractic progress note of January 27, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain, 6-8/10. The applicant was asked to consult a physician to obtain pain medications, consult an orthopedic spine surgeon, and obtain and H-Wave home care system trial while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H- WAVE DEVICE FOR A ONE MONTH RENTAL: Upheld

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

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave stimulation is, at best, tepidly endorsed as a fourth-line treatment for chronic soft tissue inflammation and/or diabetic neuropathic pain in applicants who have tried and failed first, second, and third-line therapies, including analgesic medications, physical therapy/home exercises, and a conventional TENS unit. In this case, however, there is no compelling evidence, other than the report of the H-Wave device vendor, that the applicant in fact failed conventional TENS therapy. It appears that the applicant initiated treatment through a chiropractor and had not received pain medications as of the date the H-Wave device was requested. MTUS criteria for pursuit of an H-Wave trial have not seemingly been met. Therefore, the request is not medically necessary.