MAXIMUS Federal Services

Case Number:	CM14-0034151		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2002
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 neck, shoulder, and upper back pain reportedly associated with an industrial injury of January 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a conventional TENS (transcutaneous electrical nerve stimulation) unit; muscle relaxants; topical Lidoderm patches; and reported return to regular work, per the claims administrator. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for an H-Wave home care system purchase. Based on information furnished by the claims administrator, it appeared that the applicant had had previously been treated with an H-Wave device. In an H-Wave vendor survey dated February 1, 2014, the applicant and/or device vendor stated that ongoing usage of the H-Wave device had resulted in diminution of pain and improved ability to perform activities of daily living. The note was very templated and comprised almost entirely of commentary made by the device vendor and/or applicant. In a progress note of December 9, 2013, it was seemingly stated that the applicant was a lieutenant in a prison. The applicant had apparently been using the H-Wave device as of this point in time. Despite ongoing usage of the H-Wave device, the applicant was still using Flexeril, Motrin, Lidoderm patches, and receiving acupuncture. The note was somewhat difficult to follow and mingled old complaints with current complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One H-Wave purchase for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 171-172.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, usage of and/or purchase of a TENT (transcutaneous electrical neuromuscular therapy) unit beyond an initial one-month trial should be justified by documentation submitted for review. In this case, however, the information on file seemingly suggests that the applicant is still highly dependent on a variety of medications and medical treatments, including Motrin, Flexeril, acupuncture, Lidoderm patches, physical therapy, etc., despite ongoing usage of the H-Wave device. Therefore, the request to purchase the H-Wave device for home use is not medically necessary or appropriate.