

Case Number:	CM14-0035204		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2011
Decision Date:	07/30/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, myalgias, and myositis reportedly associated with an industrial injury of March 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical spine surgery; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for purchase of an H-wave device, stating that the applicant was not using the H-wave device in conjunction with a program of functional restoration. The claims administrator did not, however, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. A November 9, 2013 progress note is notable for comments that the applicant reported persistent complaints of neck pain five months status post cervical fusion surgery at C5-C6. The applicant was using Ultram, Neurontin, and Flexeril for pain relief purposes. The applicant stated that his neuropathic pain was diminishing, however. Ultram, a home H-wave unit, Flexeril, Neurontin, and physical therapy were endorsed. The applicant was asked to cut back on usage of Percocet. The applicant was placed off of work, on total temporary disability. In multiple vendor questionnaires, applicant surveys, and a request for authorization form dated February 7, 2014, an H-wave home care system purchase device was sought. The applicant and device vendor posited that ongoing usage of the H-wave device had decreased medication consumption and allowed the applicant to walk further and sit longer.

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: 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 and 9792.20f Page(s): 118.

Decision rationale: As noted in the California MTUS Guidelines, usage of and/or purchase of an H-wave device beyond an initial one-month trial should be predicated on evidence of favorable outcomes "in terms of pain relief and function." In this case, however, there have been no clearly favorable outcomes in terms of pain relief and/or function. The applicant remains off of work, on total temporary disability, despite ongoing usage of the H-wave device. Despite ongoing usage of the H-wave device, the applicant is nevertheless using Flexeril, Neurontin, Ultram, and Percocet. Thus, there are no clearly documented improvements in terms of either pain relief or function as defined in the California MTUS Guideline despite earlier usage of the H-wave device. Accordingly, the request is not medically necessary.