

Case Number:	CM14-0036240		
Date Assigned:	06/25/2014	Date of Injury:	03/06/2013
Decision Date:	12/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 low back and hip pain reportedly associated with cumulative trauma at work first claimed on March 6, 2013. In a Utilization Review Report dated March 21, 2014, the claims administrator approved a request for neurology consultation while denying an H-wave device purchase. The applicant's attorney subsequently appealed. The claims administrator stated that its decision was based on a Request for Authorization form received on March 17, 2014. It was not clearly stated whether the applicant had previously tried an H-wave device. In an April 3, 2014 progress note, the applicant reported ongoing complaints of low back, hip, and lower extremity pain. Electrodiagnostic testing of March 4, 2014, was notable for an active L5-S1 radiculopathy. An H-wave device purchase was sought. The applicant was given work restrictions, which were effectively resulting in his removal from the workplace, it was acknowledged. In an earlier progress note of January 30, 2014, the applicant again reported ongoing complaints of low back pain. Work restrictions were endorsed. It was suggested that the applicant was not working with said limitations in place as light duty was unavailable for the applicant. Chiropractic manipulative therapy and physical therapy to date had proven ineffectual, as had previous epidurals. The remainder of the file was surveyed. There was no clear or compelling evidence that the applicant had previously tried the H-wave device at issue. In a September 26, 2014 RFA form, authorization was sought for multimodality interferential device on the grounds that the TENS unit was not strong enough. Little-to-no narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit for purchase: Upheld

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

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

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, the usage and/or provision of an H-wave beyond an initial one-month trial should be predicated on evidence of favorable outcome during an earlier one month trial, in terms of both pain relief and function. In this case, however, the attending provider documentation did not clearly establish the presence of a successful one-month trial of the H-wave device before the Request for Authorization (RFA) to purchase the same was initiated. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.