

Case Number:	CM14-0039537		
Date Assigned:	06/27/2014	Date of Injury:	10/21/2008
Decision Date:	08/15/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/04/2014

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 October 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of physical therapy; and an earlier 104-day trial of an H-wave device, per the claims administrator. In a Utilization Review Report dated March 22, 2014, the claims administrator denied a request for purchase of an H-wave device. The applicant's attorney subsequently appealed. The applicant, device vendor, and physical therapist wrote at various points in time, including on July 13, 2014 and September 5, 2013 that previous usage of the H-wave device had been successful. No clinical progress notes were attached. The applicant's work and functional status were not stated. No completed progress note was attached to the request for authorization; rather, the information on file comprised largely of applicant and/or vendor questionnaires.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Purchase of an H-wave device for treatment to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods and/or purchase of an H-wave device beyond one month should be justified by documentation submitted for review, with evidence of favorable outcomes in terms of both pain relief and function. In this case, however, the vendor questionnaires do not clearly establish the presence of favorable outcomes in terms of both pain relief and function as defined in MTUS Definitions. The applicant's work and functional status were not clearly outlined. It was not clearly stated, suggested, or established that usage of H-wave device had diminished the applicant's medication consumption or ameliorated the applicant's ability to work. Therefore, the request is not medically necessary.