

Case Number:	CM14-0046678		
Date Assigned:	07/02/2014	Date of Injury:	02/09/1998
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/15/2014

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, chronic neck pain, chronic mid back pain, and chronic knee pain reportedly associated with an industrial injury of February 9, 1998. Thus far, the applicant has been treated with the following: analgesic medications; multiple lumbar spine surgeries; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In the Utilization Review Report dated March 24, 2014, the claims administrator denied a request for an H-Wave homecare systems trial. The applicant's attorney subsequently appealed. It appears that the request was endorsed via multiple requests for authorization and vendor forms dated March 18, 2014 through March 21, 2014. It was suggested that the applicant had failed a variety to other treatments, including physical therapy, medications, and a TENS unit. The requesting vendor also stated that TENS was not indicated for the applicant's complaints. The preprinted checkboxes did not furnish any narrative commentary. In an applicant's survey dated April 21, 2014, the applicant reportedly stated that he had improved by 15% through the usage of the H-Wave device. The applicant's work and functional status were not attached to the any of the vendor forms. In a medical-legal evaluation dated May 13, 2014, it was suggested that applicant remained off of work. It was stated that the applicant was using OxyContin, Norco, Naprosyn, Valium, Ambien, Cialis, Celexa, Prilosec, and fentanyl spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

Decision rationale: As noted on page 117 in the MTUS Chronic Pain Medical Treatment Guidelines, "H-wave homecare systems are tepidly endorsed as a fourth-line treatment in the management of chronic soft tissue inflammation and/or diabetic neuropathic pain in applicants who have tried and failed first line treatments, including analgesic medications, physical therapy, home exercises, and a conventional TENS unit." In this case, there is no concrete evidence submitted by the attending provider to the effect that the applicant has in fact failed each and all of the aforementioned treatments. The vendor provided preprinted checkboxes form that did not contain any narrative commentary as to what treatment(s) had transpired to date. It is further noted with the vendor stated that the applicant had failed a TENS unit in one section of its note and then stated, in another section of the report, that the TENS unit was not indicated for the applicant's condition. No narrative commentary to expound upon the preprinted checkboxes was made. It was further noted that the applicant appears to have had the 30-day H-Wave trial in question, despite the earlier utilization review denial, and has failed to affect any lasting benefit or functional improvement through the H-Wave device. The applicant remains highly reliant and highly dependent on numerous opioid and non-opioid agents, including Valium, Fentanyl spray, Norco, OxyContin, Naprosyn, Ambien, Celexa, etc. All the above taken together, imply a lack of functional improvement as defined in the MTUS despite completion of the earlier 30-day H-wave unit trial. The 30-day H-Wave trial was not indicated, both owing to the tepid to unfavorable guideline recommendation and to the applicant's poor response to the 30-day trial in question. Therefore, the request is not medically necessary.