

Case Number:	CM14-0071889		
Date Assigned:	07/16/2014	Date of Injury:	04/19/2011
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 and upper back pain reportedly associated with an industrial injury of April 19, 2011. Thus far, the applicant has been treated with analgesic medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated April 17, 2014, the claims administrator denied a request for an H-wave home device. The applicant's attorney subsequently appealed. In an applicant's questionnaire dated December 2, 2013, it was stated that the applicant has used the H-wave device for 213 days. The vendors stated that the applicant's neck pain and back pain were reduced with the same. Authorization to purchase the device was apparently sought through a form dated March 28, 2014, again which employed preprinted checkboxes and furnished little or no narrative commentary. In a March 7, 2013 progress note, the applicant reported persistent complaints of neck and bilateral shoulder pain. The applicant's pain was very bad, it was noted. Myofascial release therapy was performed. The applicant received manipulative treatment. The applicant was described as having failed an earlier cervical laminectomy surgery. It did not appear that the applicant was working.

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, for the neck and back, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

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

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an H-wave device should be predicated on evidence of favorable outcomes in terms of "pain relief and function" during a one-month trial off the same. In this case, the applicant has used the H-wave device for what appears to be a minimum of 213 days. There have, however, been no clearly documented improvements in pain and function achieved as a result of the same. The applicant's work status has not been provided. The applicant's medications list has not been provided. It has not been established that the applicant has, for instance, affected successful return to work or reduction in work restriction as a result of the prior 213-day trial H-wave device. No clinical progress notes were attached to the request for authorization, which appears to have been initiated by the device vendor without an intervening progress note with the attending provider to ensure a favorable response to the H-wave device in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.