

Case Number:	CM14-0079253		
Date Assigned:	07/18/2014	Date of Injury:	05/20/1999
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 May 20, 1999. 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; unspecified amounts of chiropractic manipulative therapy; and apparent trial of an H-Wave device. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for purchase of a heat wave device. Somewhat incongruously, the claims administrator referred to the device as an H-Wave device in the rationale and body of its Utilization Review Report. In an applicant questionnaire dated May 9, 2014, the applicant stated that usage of the H-Wave device had improved various activities of daily living, including sleep, it was suggested. The applicant's work and functional status were not stated. The applicant's device vendor likewise seemingly posited that ongoing usage of the device was successful. In progress notes interspersed between October 16, 2013 and April 1, 2014, the applicant received various chiropractic manipulative treatments and adjustments for chronic low back pain. The applicant's work and functional status were likewise not described. There was no mention of the applicant's response to usage of the H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Heat Wave Device and supplies for purchase and indefinite use: Upheld

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

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, trial periods and/or purchase of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome following an earlier one-month trial of the device, in terms of both pain relief and function. In this case, however, there no progress notes clearly outlining the applicant's response to the H-Wave device. The applicant's work status, functional status, and/or medication list were not attached to the attending provider's progress notes and/or request or authorization forms. A compelling case for purchase and/or indefinite usage of the H-Wave device was not made. Therefore, the request is not medically necessary.