

Case Number:	CM14-0087030		
Date Assigned:	07/23/2014	Date of Injury:	08/23/2010
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 shoulder pain reportedly associated with an industrial injury of August 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy, earlier shoulder surgery; and earlier cervical spine surgery. The applicant's case has been complicated by comorbid diabetes, it is incidentally noted. In a May 12, 2014 progress note, the claims administrator denied a request for an H-wave home system. The applicant's attorney subsequently appealed. In an April 4, 2014 applicant questionnaire, the applicant contended that the H-wave trial would be beneficial. The device vendor later sought authorization to purchase the device, on April 22, 2014, admittedly through usage of a form which employed preprinted checkboxes. The applicant's attorney subsequently appealed. On April 18, 2014, the applicant reported persistent complaints of low back pain, 8-9/10. The applicant was reportedly doing well on oral Norco, Relafen, and a TENS unit, without side effects, it was stated. The applicant was working full time, it was again noted. The attending provider stated that the applicant was "very functional" on her medications and was working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave purchase quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines 07/18/2009 Page(s): 171-172.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation can be considered as a noninvasive conservative option for diabetic neuropathic pain or soft tissue inflammation in applicants who have failed initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit. In this case, however, as the attending provider has himself acknowledged, the applicant is doing very well on conventional medications including Norco. The applicant has achieved and/or maintained successful return to work status with her medications, the attending provider has acknowledged. The applicant's ongoing, successful usage of multiple first line oral pharmaceuticals, including Norco, Relafen, Elavil, etc., then, effectively obviates the need for the H-wave device at issue. Therefore, the request is not medically necessary.