

Case Number:	CM14-0187318		
Date Assigned:	11/17/2014	Date of Injury:	04/20/1994
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This individual is a 62-years /old female who has developed a chronic pain syndrome subsequent to an injury dated 2/11/94. She has had a 2 level spinal fusion and is diagnosed with adjacent level severe spinal stenosis. She has chronic lower back pain that radiates into both legs and feet. VAS scores range from 6-7 VAS most of the time. She is reported to also have chronic cervical pain, but no neurological compromise is described. She is on multiple oral analgesics with moderate effect. She underwent a trial of an H-wave unit and reported benefit, but she also wanted to increase her Tramadol use toward the end of the trial period and is in need of stronger sleeping aids during the trial period. No objective functional benefits are quantified as a result of use and VAS scores remained the same. Paper work from the distributor for the H-wave made significant errors in reporting her medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of one home H-Wave unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117, 118.

Decision rationale: MTUS Guidelines are not very supportive of H-wave therapy, but allow for its use if there are defined objective benefits reported. These Guideline standards have not been met. VAS scores remained the same, medication needs increased and no quantified functional improvements are documented. Under these circumstances the purchase of an H-wave unit is not Guideline compliant and it is not medically necessary.