

Case Number:	CM15-0103467		
Date Assigned:	06/08/2015	Date of Injury:	04/14/2014
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of April 14, 2014. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for an in-house trial of an H-wave device for alleged midback pain. The claims administrator referenced an April 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 15, 2015, an H-wave device trial was sought. A prescription form dated April 14, 2015 echoed this; the attending provider again reiterated the request for trial of an H-wave device. In an associated progress note of April 14, 2015, the applicant reported ongoing complaints of myofascial back, neck, and shoulder pain. The applicant was apparently using Tylenol and Motrin for pain relief at this point. The applicant was seemingly off of work, it was suggested. An H-wave device, Zanaflex, and trigger point injection therapy were sought. The note was quite sparse and did not clearly furnish a record or log of what treatment or treatments had transpired through this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial (in-house) for thoracic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: No, request for the H-wave trial for thoracic pain was not medically necessary, medically appropriate, or indicated here. While page 117 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one-month home based trial of an H-wave device may be considered in applicants with diabetic neuropathic pain and/or chronic soft tissue inflammation if used as an adjunct to a program of functional restoration in individuals who have failed initially recommended conservative care such as physical therapy, home exercise, medications, and a conventional TENS unit, here, however, there was no clear or compelling evidence the applicant had in fact failed analgesic medications, conventional physical therapy, conventional TENS unit, home exercises, etc. There was no mention of the applicant's having previously employed a TENS unit on the April 14, 2015 progress note on which the H-wave device was purposed. The applicant was apparently using multiple analgesic medications including Tylenol, Motrin, and Zanaflex on this date, seemingly arguing against the need for the TENS unit trial. Finally, the applicant was off work, on total temporary disability, as of the date of the request, April 14, 2015. It did not appear, thus, the applicant was intent on employing the H-wave device trial in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.