

Case Number:	CM15-0141337		
Date Assigned:	07/31/2015	Date of Injury:	05/07/2004
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 69-year-old who has filed a claim for chronic hip pain reportedly associated with an industrial injury of May 7, 2004. In a Utilization Review Report dated June 22, 2015, the claims administrator failed to approve a request for a home H-wave device purchase. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. In a July 2, 2015 appeal letter, apparently signed by the attending provider, the attending provider stated that the applicant had profited from previous usage of H-wave device. The attending provider stated that the applicant had received a 30-day trial of the H-wave device on April 15, 2015. In a May 18, 2015 progress note, the attending provider stated that usage of the H-wave device was providing him pain relief in one section of the note. In another section of the note, the attending provider stated that the application of the H-wave device was painful. The attending provider seemingly suggested that the applicant continue the H-wave device, albeit at a reduced strength. The applicant was working, it was reported. The applicant's medication list was not detailed, however. There was no mention of the applicant's having tried and/or failed a TENS unit on this date. In letters and questionnaires dated May 6, 2015 and June 2, 2015, the device vendor and/or the applicant posited, through usage of preprinted checkboxes, that the H-wave device was reducing the applicant's pain scores by 20%. The applicant stated that in the questionnaire that he had tried a TENS unit. These questionnaires comprised, in large part, of pre-printed checkboxes. The applicant stated that he had previously tried medications but did not state what medications had previously been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) Home H-wave Device, Purchase: Upheld

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

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

Decision rationale: No, the proposed H-wave device [purchase] is not medically necessary, medically appropriate, or indicated here. As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device on a trial basis should be employed only following failure of initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit. Here, while the device vendor, applicant, and treating provider seemingly suggested that the applicant may have tried a TENS unit in the past, the May 18, 2015 progress note made no mention of the applicant's having tried and/or failed the analgesic medications. The appeal letter dated July 2, 2015 made no mention of what medications had been previously attempted and/or failed before the H-wave device was sought. While an applicant questionnaire suggested, through pre-printed checkboxes, that the applicant had used unspecified medications in the past, this was neither elaborated nor expounded upon by the treating provider, the applicant, or the device vendor. There was, in short, no clear or compelling evidence of oral analgesic medications failure before the H-wave device was employed on a trial basis. It was not stated what medications had been attempted and/or failed prior to introduction of the H-wave device. Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines reiterates that H-wave devices should be employed only in applicants, whose pain complaints prove "unresponsive to conventional therapy, including physical therapy, medications, and TENS." Here, in short, compelling evidence of unresponsiveness to analgesic medications was not established before the H-wave device was employed. Therefore, the request is not medically necessary.