

Case Number:	CM15-0049865		
Date Assigned:	03/25/2015	Date of Injury:	09/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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 43-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 22, 2014. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for an H-Wave device for home use purposes. The claims administrator referenced progress notes and RFA forms of January 13, 2015 and January 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a prescription form dated January 30, 2015, the device vendor sought authorization to purchase the device, noting that the applicant had apparently received the device on a trial basis beginning on November 14, 2014. The device vendor and the applicant stated that the device had proven beneficial and went on to request authorization to purchase the same. No clinical progress notes, however, were attached. The applicant's work status, functional status, and medication list were not detailed, described, or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device- Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: No, the request for an H-Wave home care system purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said earlier one-month trial, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, no meaningful description or demonstration of functional improvement as defined by the parameters established in MTUS 9792.20f was furnished by the device vendor. No completed narrative progress notes were attached to the RFA form. The applicant's work and functional status were not detailed. The applicant's medication list was not furnished. Therefore, the request is not medically necessary.