

Case Number:	CM14-0184928		
Date Assigned:	11/12/2014	Date of Injury:	10/25/2013
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 pain reportedly associated with an industrial injury of October 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; previous usage of an H-Wave device between August 20, 2014 through September 25, 2014; and various interventional spine procedures involving the cervical spine. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for purchase of the H-Wave device at issue. The applicant's attorney subsequently appealed. In a March 27, 2014 progress note, the applicant reported ongoing complaints of neck pain, headaches, and left upper extremity pain. The applicant was reportedly struggling and was apparently working with restrictions as a sales representative. The applicant was status post a cervical epidural steroid injection, it was acknowledged. The H-Wave device at issue was sought via a Request for Authorization (RFA) form dated October 7, 2014. This RFA was initiated by the device vendor and apparently countersigned by the attending provider. It was stated that the applicant had benefited from earlier usage of the H-Wave device. On October 16, 2014, the applicant reported ongoing complaints of neck pain. It was stated that the applicant had failed acupuncture, trigger point injections, medial branch blocks, medications, and gabapentin. Cervical epidural steroid injection therapy and an H-Wave device were sought. The applicant's complete medication list was not attached. In an applicant questionnaire dated September 25, 2014, the applicant and/or the device vendor posited that the H-Wave device was benefitting her in terms of pain relief purposes. The note was highly contemplated. In a progress note dated September 25, 2014, the applicant reported ongoing complaints of neck, upper back, and bilateral upper extremity pain. The applicant's medication list was not stated. On August 13, 2014, the applicant was described as having ongoing complaints of neck pain. The applicant was

asked to start baclofen, Lidoderm, and an H-wave device on the grounds that she has failed gabapentin and a TENS unit. The applicant was also using Xartemis (Percocet), it was acknowledged on this occasion. The applicant's medication list on September 25, 2014, it was incidentally noted, comprised of Percocet, Zipsor, Pennsaid, and Baclofen, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Home H-Wave Device Purchase between 10/13/2014 and 11/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic. Page(s): 118. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, a request to purchase an H-Wave device after an initial one-month trial of the same should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both "pain relief and function." Here, however, neither the attending provider nor the device vendor has outlined any material improvements in function achieved as a result of the 36-day rental of the H-Wave device. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Percocet, Zipsor, topical Pennsaid, Baclofen, etc. Neither the attending provider nor the device vendor, moreover, outlined any reduction in work restrictions achieved as a result of the 36-day rental of the H-Wave device. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite the 36-day rental of the H-Wave device. Therefore, the request to purchase the H-Wave device is not medically necessary.