

Case Number:	CM15-0070048		
Date Assigned:	04/17/2015	Date of Injury:	08/24/2001
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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 injured worker is a 70-year-old male, who sustained an industrial injury on 8/24/2001. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include neck sprain, lumbar disc displacement without myelopathy, and carpal tunnel syndrome. Treatments to date include medication therapy, physical therapy, and chiropractic therapy. Currently, complains of ongoing neck and back pain. They reported a trial of a home H-Wave unit (TENS) from 2/9/15 to 2/23/15 with 70% reduction of pain. On 3/9/15, the physical examination documented no oral pain mediation necessary with use of the H-Wave treatment at home. The plan of care included an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

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

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 device 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 justified by the documents submitted for review, with evidence of favorable outcomes in terms of "pain relief and function." Here, however, the documentation on file comprised almost entirely of applicant questionnaires, applicant surveys, and RFA forms from the device vendor and preprinted RFA forms from the device vendor. The device vendor did acknowledge on February 9, 2015 that the applicant was not working. It did not appear that usage of the H-Wave device had effected any meaningful or material improvements in function in terms of the parameters established in MTUS 9792.20f. There was no clear or concrete evidence to support the proposition that the applicant had either returned to work and/or effected a marked reduction in medication consumption because of previous usage of the H-Wave device. Therefore, the request was not medically necessary.