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| Case Number: | CM14-0156221 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 02/03/1987 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 and low back pain reportedly associated with an industrial injury of September 3, 1997. Thus far, the applicant has been treated with the following: Transfer of care to and from various providers in various specialties; trigger point injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for purchase of an H-Wave home device. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported persistent complaints of neck pain, mid back pain, and low back pain. The applicant stated that tramadol extended release was providing him with "longer lasting pain relief." The applicant reported 5-6/10 pain with medications versus 9/10 pain without medications. Gabapentin was also proving beneficial, it was stated here. Epidural steroid injection therapy was endorsed. Multiple medications were refilled, including Neurontin, Tramadol, and Zanaflex. The applicant was asked to continue home exercises. The applicant's work status was not clearly stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of a Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 111-117.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage and/or purchase of an H-Wave device beyond an initial one-month trial should be predicated on a favorable outcome in terms of "pain relief and function." In this case, however, there has been no evidence of a previously successful one-month trial of the H-Wave device at issue. It is further noted that page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an H-Wave device should be employed on a one-month trial basis in applicants who have failed other recommended conservative care, including conventional analgesic medications. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including gabapentin, tramadol, Zanaflex, etc., effectively obviates the need for the H-Wave device at issue. Therefore, the request is not medically necessary.