

Case Number:	CM13-0052026		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2011
Decision Date:	03/10/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain reportedly associated with an industrial injury of June 23, 2011. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, a lumbar support and topical compounds. In a utilization review report of October 8, 2013, the claims administrator denied a request for an H-wave stimulator, although it is incidentally noted that the applicant had previously used said stimulator for two months. In a progress note of December 17, 2013, it is stated that the applicant continues to take her medications and is stable on that. She continues to work in the kitchen setting. Her employer is apparently not honoring her restrictions. She is given diagnosis of neck pain, shoulder pain, and low back pain and again placed on limited duty work. It is stated, somewhat incongruously, in one section of the report that the applicant is reportedly disabled and then stated in another section of the report, that the applicant should avoid lifting more than 10 pounds. Ketoprofen, Motrin and medical patches are all endorsed. It is stated that the applicant could consider an epidural steroid injection if these other remedies prove unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 118 of the California MTUS Chronic Pain Medical Treatment Guidelines, trial periods and/or usage of H-wave device of more than one month should be justified by documentation submitted for review. In this case, however, documentation on file does not clearly establish the presence of functional improvement as defined by the parameters established in MTUS 9792.20f despite a prior two-month rental of the H-wave device. The applicant continues to remain reliant in various oral and topical medications. The work restrictions remain in place. The applicant has heightened pain complaints. All of above, taken together, imply that the prior two-month rental of the H-wave device was unsuccessful. Accordingly, the request is not certified, on independent medical review.