

Case Number:	CM14-0153678		
Date Assigned:	09/23/2014	Date of Injury:	05/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 low back pain reportedly associated with an industrial injury of May 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a cane; opioid therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated September 15, 2014, the claims administrator partially certified a request for a home H-Wave device purchase as a 30-day trial of the same. The claims administrator suggested that the applicant had completed a two-month trial of TENS unit in 2011 with no improvement. The claims administrator invoked the now-outdated, now-renumbered MTUS 9792.20e in its partial approval, it is incidentally noted. The article at issue was sought via an August 25, 2014 request for authorization (RFA) form. Authorization was sought for a "purchase/indefinite use" of an H-Wave device. No clinical progress note was attached to the same. No applicant-specific rationale or narrative commentary was incorporated into the RFA form, which appears to have been initiated by the device vendor. In a September 3, 2014 progress note, the applicant reported persistent complaints of low back pain, reportedly severe. The attending provider stated that the applicant's prior usage of an H-Wave device seemed to give him some relief. It was stated that the applicant had been using it in the morning as well as at night. The applicant was using a cane to move about. The applicant was described as using Norco, Valium, Neurontin, and Zestril. The applicant was described as not working. The applicant was asked to employ an H-Wave device.

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 topic. Page(s): 118.

Decision rationale: 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 one-month trial, in terms of both pain relief and function. In this case, however, there is no evidence that the earlier usage of the H-Wave device generated any lasting benefit or functional improvement. The applicant remained off of work, despite having used the H-Wave device prior to September 3, 2014. The applicant's dependence on medications such as Norco, Valium, and Neurontin was reportedly unchanged, despite ongoing usage of the H-Wave device. Ongoing usage of H-Wave device failed to improve any activities of daily living. The applicant was described as using a cane to move about on a September 3, 2014 office visit, referenced above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS Guidelines, despite previous usage of the H-Wave device at issue. Therefore, the request is not medically necessary.