

Case Number:	CM14-0182537		
Date Assigned:	11/07/2014	Date of Injury:	12/08/2009
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 December 8, 2009. 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 over the course of the claim; adjuvant medications; psychotropic medications; and extensive periods of time off work. In a utilization review report dated October 23, 2014, the claims administrator failed to approve a request for an H-wave unit. The applicant's attorney subsequently appealed. In a progress note dated October 27, 2014, the applicant reported 10/10 pain without medications versus 8/10 pain with medications. The attending provider stated that the applicant was using Celebrex, Prilosec, Effexor, and gabapentin with "good benefit" and no side effects. The applicant was not working, however, it was acknowledged. The applicant did weigh 206 pounds. The applicant was given multiple medication refills and asked to continue permanent work restrictions imposed by a medical-legal evaluator. It was acknowledged that the applicant was not working with said permanent limitations in place, however. In a September 26, 2014, progress note, the applicant again reported 10/10 pain without medications versus 7/10 pain with medications. The applicant stated that she was doing well on Norco, Neurontin, Prilosec, and Effexor. In an applicant questionnaire dated September 29, 2014, the device vendor stated that ongoing usage of the H-wave device was proving beneficial. The device vendor stated that the H-wave device had allowed the applicant to "sit longer." No other benefits were outlined. In an applicant questionnaire dated August 26, 2014, it was acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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, a favorable outcome in terms of both "pain relief and function" is needed during a one-month H-wave trial so as to justify purchase and/or ongoing usage of the same. Here, however, the applicant has used the H-wave device for what appears to be at least 34 days. The applicant has, however, failed to demonstrate any clear benefit through ongoing usage of the same. The applicant remains off work, despite over a month's usage of the H-wave device. Ongoing usage of the H-wave device has failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Norco, Celebrex, Effexor, gabapentin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier introduction of the H-wave device. Therefore, the request to purchase the H-wave machine is not medically necessary.