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| Case Number: | CM14-0049334 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/23/2002 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 October 23, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; opioid therapy; muscle relaxants; earlier lumbar laminectomy; and extensive periods of time off of work. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request for an H-wave home care system for purchase for indefinite use purposes. The applicant subsequently appealed. In an October 16, 2013 applicant questionnaire, the applicant stated that physical therapy, medications, and TENS unit had not proven altogether effective and that the H-wave device was more beneficial. In a vendor form dated February 19, 2014, the vendor endorsed a request for purchase of the H-wave device. On March 24, 2014, the applicant stated that he had used the H-wave device for 132 days and that it had proven beneficial. In a progress note dated August 23, 2013, however, the applicant was reportedly worsened despite usage of the H-wave device. The applicant was using Neurontin, Morphine, Norco, and Skelaxin, it was acknowledged. The applicant was not working; it was further noted, with a rather proscriptive permanent 15-pound lifting limitation in place. In a note dated February 14, 2014, the applicant was again described as essentially unchanged. The applicant was still using Neurontin, Kadian, Norco, and Skelaxin. Authorization was sought for the permanent provision of the H-wave device. The applicant was again described as not working with the same unchanged 15-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT), Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , H-wave Stimulation topic.2. MTUS 9792.20f. Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods and/or purchase of an H-wave device beyond an initial one-month trial should be justified by documentation submitted for review. A purchase of the device beyond the initial one-month trial should be predicated on favorable outcomes in terms of both pain relief and function. In this case, however, there have been no clear, concrete, or tangible improvements in function as defined by the parameters established in MTUS. The applicant remains off of work. A rather proscriptive 15-pound lifting limitation remains in place. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including both short- and long-acting opioids such as Norco and Morphine. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite several months of earlier usage of the H-wave device. Therefore, the request is not medically necessary.