

Case Number:	CM14-0205387		
Date Assigned:	12/17/2014	Date of Injury:	12/02/2010
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 mid and low back pain reportedly associated with an industrial injury of December 2, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for an H-Wave device. The claims administrator referenced a progress note and RFA form of November 17, 2014 in its determination. The claims administrator did allude to the applicant's using Flector and having received both manipulative therapy, physical therapy, and a 30-day trial of a TENS unit. On December 12, 2014, the applicant reported 4/10 mid and low back pain. Celebrex and additional physical therapy were endorsed. The applicant was returned to regular duty work. The applicant was using Duexis, which he stated was no longer providing him with pain relief. The applicant was using Flector for pain relief. It was suggested that the applicant had retired from his former place of employment in another section of the note. It is not clear whether the applicant had retired owing to pain complaints versus owing to age (51). On November 17, 2014, the attending provider noted that the applicant had 6/10 mid and low back pain. A lumbar radiofrequency ablation procedure was endorsed. The applicant was using Flector patches for pain relief. On July 30, 2014, the applicant was described as using Flector and ibuprofen for pain relief. 6-8/10 mid and low back pain were reported. The applicant was having difficulty coaching baseball and/or softball. The applicant had to limit his performance of certain activities, including running.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 171-172.

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 on a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant's pain complaints are seemingly heightened from visit to visit. The applicant apparently took retirement from work at age 51 owing to heightened complaints of pain. The applicant was described on multiple office visits, referenced above, as having difficulty performing activities of daily living such as running, lifting, bending, etc. The applicant continued to report highly variable pain complaints ranging anywhere from 4-8/10, despite ongoing usage of the H-Wave device. Ongoing usage of H-Wave device failed to curtail the applicant's dependence on topical agents such as Flector and/or oral NSAIDs such as Motrin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of the H-Wave device. Therefore, the request is not medically necessary.