

Case Number:	CM14-0207584		
Date Assigned:	12/19/2014	Date of Injury:	07/12/2007
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 neck pain, upper extremity pain, knee pain, low back pain, wrist pain, and shoulder pain reportedly associated with an industrial injury of July 12, 2007. In a Utilization Review Report dated November 13, 2014, the claims administrator approved a pain management followup, approved nortriptyline, and denied an H-Wave electrode pads. The claims administrator referenced an RFA form of November 7, 2014 and associated progress notes of October 31, 2014. The claims administrator noted that the applicant had undergone earlier thumb surgery, knee surgery, and cervical spine surgery, in addition to epidural steroid injection therapy and viscosupplementation injection therapy. The claims administrator contended that the applicant was off of work and still using a variety of topical compounds. The applicant's attorney subsequently appealed. In a psychological progress note dated December 15, 2013, the applicant was placed off of work, on total temporary disability, owing to heightened complaints of depression. In a progress note dated June 13, 2014, the applicant was given refills of diclofenac, Prilosec, and tramadol. The applicant reported severe, 9-10/10 low back, knee, and hip pain, worsened by any kind of activities. The applicant did not appear to be working with previously imposed permanent limitations. On October 24, 2014, the applicant was again given refills of diclofenac and Prilosec. Permanent work restrictions were endorsed. The applicant did not appear to be working with said limitations in place. The applicant was asked to transfer care to a pain management specialist. On October 31, 2014, the attending provider acknowledged that the applicant reported 7-1/2 to 8/10 bilateral knee and neck pain, despite ongoing usage of H-Wave

electric stimulation, a tramadol containing cream, and topical applications of heat and cold. Physical therapy, acupuncture, Pamelor, and H-Wave electrodes were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave electrode pads QTY#4: 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 Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device and, by implication, provision of associated supplies, beyond an initial one-month trial should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both pain relief and function. Here, however, the applicant was/is off of work. The applicant remains dependent on various and sundry analgesic medications, including topical compounds, tramadol, diclofenac, etc. The applicant does not appear to be working with previously imposed permanent limitations. The applicant continues to report pain complaints as high as 8-1/2 to 9/10, despite ongoing usage of the H-Wave device. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the H-Wave device at issue. Therefore, the request was not medically necessary.