

Case Number:	CM14-0209022		
Date Assigned:	12/22/2014	Date of Injury:	10/09/1991
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 low back pain reportedly associated with an industrial injury of October 9, 1991. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for an H-Wave device purchase. The claims administrator noted that the applicant had had earlier lumbar fusion surgery, had previously employed an H-Wave device for several months, and continued to use a variety of medications, including Norco, MS Contin, Zanaflex, Ambien, and Ativan. The claims administrator referenced a number of progress notes, including those dated November 4, 2014, November 10, 2014, and October 10, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 3, 2014 progress note, the applicant reported persistent complaints of low back and neck pain, 7-8/10. The applicant was using Zanaflex, Norco, morphine, Elavil, Ambien, Ativan, Zocor, and glucosamine, it was acknowledged. The applicant had undergone both cervical and lumbar spine surgeries. The applicant remained quite depressed. Acupuncture was endorsed. The applicant was asked to consider a spinal cord stimulator. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a progress note dated November 10, 2014, the applicant was again given refills of Norco, Ambien, Zanaflex, Ativan, MS Contin, glucosamine-chondroitin. The applicant was having difficulty performing activities of daily living as basic as walking, it was stated, and/or changing positions in the exam room. The applicant was permanent and stationary, it was stated. The applicant did not appear to be working with permanent limitations in place, although this was not explicitly stated.

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/indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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 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 seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on various and sundry analgesic, adjuvant, and anxiolytic medications, including Norco, Zanaflex, Ambien, Ativan, morphine, etc, despite previous 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 same. Therefore, the request was not medically necessary.