

Case Number:	CM14-0030681		
Date Assigned:	06/06/2014	Date of Injury:	04/16/2009
Decision Date:	01/19/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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:

In a Utilization Review Report dated February 26, 2014, the claims administrator failed to approve a request for continued usage of an H-Wave device for an additional three months. The claims administrator stated that its decision was based on an RFA form dated February 10, 2014 and progress notes of January 2, 2014 and February 10, 2014. In a January 29, 2014 progress note, the applicant reported 7/10 low back pain. The applicant was still using Vicodin and Pamelor for pain relief, both of which were refilled. The attending provider stated that the applicant would be using Pamelor at a heightened dose. A cognitive behavioral therapy was sought. Work restrictions were endorsed. The attending provider posited that ongoing usage of the H-Wave device was generating some relief of back pain. On February 10, 2014, the device vendor sought authorization for an H-Wave device. On January 30, 2014, the device vendor again sought authorization for the H-Wave device. On January 20, 2014, ten sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional three months of continued use of a H-wave device for home use: 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, trial periods of greater than one month with the H-Wave device should be justified by documentation submitted for review and should, furthermore, be predicated on a favorable outcome in terms of both "pain relief and function." In this case, however, previous usage of the H-Wave device has not generated any material improvements in function. Work restrictions remain in place as of a January 29, 2014 office visit. The applicant was still using Vicodin as of that point in time. The applicant was, furthermore, asked to employ Pamelor at a heightened dose. The applicant was also asked to pursue physical and cognitive behavioral therapy. It does not appear, thus, that previous usage of the H-Wave device resulted in any lessening of the applicant's work restrictions or any diminution in the applicant's dependence on medical treatment. The applicant was asked to continue Vicodin and employ Pamelor at a heightened dose, despite prior usage of the H-Wave device. Previous usage of the H-Wave device did not curtail the applicant's dependence on physical therapy and/or cognitive behavioral therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the H-Wave device. Therefore, the request for additional usage of the same is not medically necessary.