

Case Number:	CM15-0018677		
Date Assigned:	02/06/2015	Date of Injury:	09/07/1999
Decision Date:	04/08/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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, New York, 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 47-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 7, 1999. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve a request for an H-Wave home stimulator device. The claims administrator referenced an RFA form and associated progress note of December 17, 2014 in its determination. The claims administrator referenced a December 17, 2014 progress note in its determination. The claims administrator incidentally noted that the applicant had undergone prior cervical fusion surgery. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain were noted. The applicant was given refills of Norco, Motrin, Soma, and topical compounded medications. The applicant stated that she was worsening over time. On December 17, 2014, the applicant was again placed off of work, on total temporary disability. A trial of an H-Wave device was endorsed, along with epidural steroid injection therapy. It was suggested that the H-Wave device had previously been dispensed. Norco, topical compounds, and lidocaine patches were renewed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave stimulator for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page 118 of 127.

Decision rationale: No, the proposed H-Wave stimulator for home use purposes was not medically necessary, medically appropriate, or indicated here. 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 favorable outcomes in terms of both pain relief and function. Here, however, the applicant was/is off of work, on total temporary disability, despite what appears to have been prior usage of the H-Wave device. The applicant remained dependent on opioid agents such as Norco and also remained dependent on numerous topical compounded medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the H-Wave device. Therefore, the request was not medically necessary.