

Case Number:	CM15-0182752		
Date Assigned:	09/23/2015	Date of Injury:	12/10/2009
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 10, 2009. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for home H-wave device purchase. An RFA form and an associated progress note of August 17, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On a progress note dated August 20, 2015, the applicant's reported ongoing complaints of low back pain. The attending provider contended that medications were beneficial. The attending provider stated that the applicant "did not notice much of a difference" following an earlier 30-day trial of an H- wave device. The applicant remained dependent on Norco, Motrin, and Neurontin, it was reported. The applicant was using Norco at a rate of 5 times daily. The applicant was using a cane to move about. The applicant was no longer working and reportedly retired, the treating provider acknowledged. A rather proscriptive limitation of "sedentary work only" was imposed.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a home H-wave device purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage and/or purchase of an H-wave device beyond a one-month trial should be justified by documentation submitted for review, with evidence of favorable outcome in terms of both "pain relief and function" present during said one-month trial. Here, however, the attending provider's August 20, 2015 acknowledged that the applicant had failed to profit from the H-wave device in question. The attending provider stated that the applicant himself "did not notice much of a difference" with said H-wave device. Ongoing usage of H-wave device failed to alter the applicant's work restrictions or diminish the applicant's consumption of opioid agents such as Norco, the treating provider acknowledged on August 27, 2015. The applicant was not working with said permanent limitations in place; it was reported on that date. All of the foregoing, taken together, suggested a lack functional improvement as defined in MTUS 9792.20e, despite previous usage of H-wave device on a trial basis. Therefore, the request is not medically necessary.