MAXIMUS Federal Services

Case Number:	CM15-0208883		
Date Assigned:	10/27/2015	Date of Injury:	09/06/2013
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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 34-year-old who has filed a claim for chronic low back pain with derivative complaints of insomnia, reportedly associated with an industrial injury of September 6, 2013. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for an H-wave machine. A September 10, 2015 office visit was referenced in the determination. On a vendor form dated September 10, 2015, the H-wave device in question was sought. On an associated July 27, 2015 vendor survey, the vendor contended that the H- wave device had ameliorated the applicant's ability to walk and sit in unspecified amounts. On a July 23, 2015 office visit, the applicant reported ongoing complaints of low back pain with derivative complaints of insomnia. Two epidural steroid injections were sought while Norco was renewed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave machine 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 an H-wave machine purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an H-wave on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of both "pain relief and function." Here, however, the applicant was off of work, on total temporary disability, the treating provider acknowledged on July 22, 2015. The applicant remained dependent on other forms of medical treatment to include Norco and epidural steroid injection therapy, the treating provider acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the H-wave device for over 413 days. Therefore, the request was not medically necessary.