

Case Number:	CM15-0215404		
Date Assigned:	11/05/2015	Date of Injury:	10/25/2010
Decision Date:	12/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 25, 2010. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for continued usage of an H-Wave device and [REDACTED] weight loss program of unspecified duration. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 23, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier failed sacroiliac joint fusion surgery. The applicant also had ancillary complaints of knee pain, the treating provider reported. The applicant reported continuing difficulty standing and walking. Continued usage of an H- Wave device and continued usage of a lumbar support were sought. Norco, Robaxin, and a topical compounded agent were renewed. The attending provider acknowledged that the applicant was not working as his employer was unable to accommodate previously imposed limitations. The applicant's weight was 219 pounds, the treating provider reported. The treating provider described the applicant was obese but did not furnish the applicant's height or BMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue H-Wave: 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 continued usage of an H-Wave device 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 1-month trial should be justified by documentation submitted for review, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the applicant remained off of work, the treating provider on September 23, 2015. The applicant's employer was unable to accommodate limitations imposed on this date, the treating provider acknowledged. The applicant remained dependent on a variety of opioid and non-opioid agents to include Norco, a topical compounded agent, Robaxin, etc., the treating provider reported on that date. Activities of daily living as basic as walking, exercising, and negotiating stairs remained problematic, the applicant reported on that date in question, September 23, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of the H-Wave device at issue. Therefore, the request for continued usage of the same was not medically necessary.

██████████ **(Diet & Life Style Modification):** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: Similarly, the request for a ██████████ weight loss program of unspecified duration was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as smoking cessation and the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of this program in the face of the tepid ACOEM position on the same. Clear treatment duration was not, furthermore, here. The exact composition and components of the program were likewise not clearly stated. While the applicant reportedly weighed 219 pounds on the September 23, 2015 office visit at issue, the treating provider did not, however, furnish the applicant's height or BMI. Therefore, the request was not medically necessary.