

Case Number:	CM15-0032784		
Date Assigned:	02/26/2015	Date of Injury:	01/18/2000
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 36-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 18, 2000. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve an H-Wave device. The claims administrator referenced a January 23, 2015 RFA form and a December 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using several topical compounded medications, Mobic, tramadol, Robaxin, and Amerge. The applicant had various complaints of neck pain, low back pain, and headaches, scored an 8/10. Frequent migraines were reported. The applicant was given a Toradol injection. The attending provider suggested that the applicant employ an H-Wave device on the grounds that the H-Wave device was ameliorating the applicant's sleep. The applicant was returned to regular duty work. In an earlier note of October 7, 2014, the applicant was again asked to continue Mobic, Amerge, tramadol, Robaxin, and a topical compounded medication. The H-Wave device and associated supplies were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit with supplies, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: No, the proposed 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 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, it does not appear that ongoing usage of H-Wave device has, in fact, generated favorable outcomes in terms of pain relief and function. While the applicant has apparently maintained regular duty work status, usage of the H-Wave device has failed to curtail the applicant's dependence on medical treatment, specifically topical compounded medications and/or other analgesic medications such as Mobic, Amerge, tramadol, and Robaxin. The applicant likewise remains dependent on other modalities such as acupuncture and frequent Toradol injections, despite ongoing usage of the H-Wave device. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.