

Case Number:	CM15-0059995		
Date Assigned:	04/06/2015	Date of Injury:	06/21/2012
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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 30-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar discectomy surgery in December 2014; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for an H-wave device. A RFA form received on March 18, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant was asked to remain off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was asked to continue using an H-wave device. Tramadol was renewed. The note was sparse, thinly developed, handwritten, and not altogether legible. On February 3, 2015, the applicant was given a walker. Neurontin and tramadol were 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 unit x 3 months rental (2x a day) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Unit Page(s): 117-118.

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

Decision rationale: No, the request for an H-wave device three-month rental 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 the documentation submitted for review, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, a handwritten progress note dated March 11, 2015 failed to outline any meaningful or material improvements in function affected as a result of ongoing usage of the H-wave device. The applicant remained off of work, on total temporary disability, it was acknowledged on that date, despite previous usage of H-wave device. The applicant remained dependent on opioid agents such as tramadol. The applicant continued to report difficulty performing activities of daily living as basic as lifting and twisting on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the H-wave device in question. Therefore, continued usage of the same was not medically necessary.