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| Case Number: | CM15-0116829 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 05/05/2006 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 55-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of May 5, 2006. In June 8, 2015, the claims administrator failed to approve a request for an H-wave device. The claims administrator contented that the applicant had not yet failed the conventional TENS unit. The claims administrator did acknowledge that applicant had received an H-wave device on April 14, 2015. A May 21, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 24, 2015, the applicant reported 8 to 10/10 pain without medications, decreased to 50% with medications. The applicant was effectively bedridden without medications, it was reported. Permanent work restrictions, Celebrex, Norco, Soma, and Dexilant were renewed. A weight loss program was proposed. In an RFA form dated May 22, 2015, H-wave device in question was endorsed on a purchase basis. A vendor initiated form was invoked. The vendor stated that the applicant had received the H-wave on April 14, 2015 for the first time. The device vendor suggested that the applicant had profited from the device and should be afforded the device on a purchase basis. On May 21, 2015, the applicant again reported ongoing complaints of low back pain, 8 to 10/10 without medications. The attending provider stated that the applicant would be permanently incapacitated and/or bedridden without her medications. Celebrex, Soma, Norco, and a nutritionist consultation were endorsed. Trigger point injection therapy was performed in the clinic. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Home H-wave device purchase/indefinite use, to be used in 30-60 minute sessions: 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 request for an 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 of an H-wave device beyond 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 did not appear that the previously provided H-wave device had generated requisite improvements in pain and/or function. The applicant had apparently received the device on a trial basis on April 14, 2015. One month later, however, on May 21, 2015, the attending provider renewed the applicant's permanent work restrictions. It did not appear, thus, that the H-wave had reduced the applicant's work restrictions. The applicant remained dependent on analgesic medications to include Celebrex, Norco, and Soma, all of which were renewed on May 21, 2015. The applicant received trigger point injections on May 21, 2015. 8 to 10/10 pain complaints were reported on that date. It did not appear, in short, that the applicant had profited in terms of the functional improvement parameters established in MTUS 9792.20e, despite previous usage of the H-wave device. Therefore, the request for the purchase of the same was not medically necessary.