

Case Number:	CM14-0029861		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2006
Decision Date:	09/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and an H-Wave device. In a Utilization Review Report dated February 10, 2014, the claims administrator apparently denied a request for an H-Wave system purchase. The applicant appealed, in a letter dated March 1, 2014. The applicant stated that his low back pain had gotten progressively worse over the years. The applicant stated that he had tried and failed TENS unit. The applicant acknowledged that the H-Wave device had not necessarily cured him but was reportedly improving his function to some extent. The applicant acknowledged that he was using Norco and carisoprodol from time to time but stated that, at times, his usage of the aforementioned medications was curtailed to some degree owing usage of the H-Wave device. The applicant did state that he had curtailed his participation in sporting and recreational activities owing to low back pain complaints. The applicant did not state whether or not he was working but did acknowledge that any activity could trigger his back pain, including standing, lifting, raking leaves, bending over, lifting groceries, etc. In a January 20, 2014 progress note, the applicant was described as permanent and stationary. Authorization was sought for purchase of an H-Wave device. It was stated that the applicant was working regular duty. It was stated that the applicant was using Norco and Motrin on an occasional basis. The applicant was returned to regular work on this occasion as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) purchase H-Wave Stimulator System: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 118,.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of and/or purchase of an H-Wave stimulation device beyond one-month rental should be justified by documentation submitted for review, with some concrete evidence of a favorable outcome in terms of pain relief and function. In this case, the applicant's apparent return to and/or maintenance of regular duty work status at John Laing Homes does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f. The applicant has also acknowledged that usage of the H-Wave device has curtailed his usage of medications such as Norco and Soma and is also generating some degree of analgesia. The applicant did appear to have tried and failed a TENS unit, analgesic medications, physical therapy, and other conservative treatment before the H-Wave stimulator device was considered. Given the documented evidence of favorable outcomes in terms of both pain relief and function through ongoing usage of the H-Wave stimulator device, a purchase of the device is indicated. Therefore, the request is medically necessary.