

Case Number:	CM13-0045532		
Date Assigned:	06/09/2014	Date of Injury:	07/28/2011
Decision Date:	07/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old male who reported an injury on 07/28/2011. The mechanism of injury was not provided for clinical review. The diagnoses included lumbago and low back pain. Previous treatments include x-rays, injections, medication, EMG on 10/07/2013, H-wave, and physical therapy. Within the clinical note dated 05/13/2014, reported the injured worker complained of pain of the low back and leg. It indicated it is located on his left leg sciatica. He described his pain as constant and aching. The injured worker rated his pain 4/10 in severity with medication. Upon the physical examination, the provider noted the injured worker's back with weakness, stiffness, and joint complaint and arthralgia. It noted the left lower extremity was without tenderness and without crepitus or defects. He indicated the right lower extremity had no tenderness and no crepitus. The provider indicated the injured worker had tenderness at the thoracic spine, tenderness at the lumbar spine, tenderness at the facet joints, decreased flexion, decreased extension, and decreased lateral bending. The request submitted was for an H-wave, EMG of the lower extremity; however, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The request for an H-wave is not medically necessary. The injured worker complained of pain in the low back and leg. He indicated his pain was located at the left leg sciatica. He described his pain as constant and aching. The injured worker rated his pain 4/10 in severity with medication. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including physical therapy and medication, plus transcutaneous electrical nerve stimulation. In a recent retrospective study suggesting effectiveness of a H-wave, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity of the spine that was unresponsive to conservative therapy, including physical therapy, medication, and TENS. The clinical documentation submitted does not address any numbness or weakness to suggest neuropathic pain. The request submitted does not specify whether a purchase or rental will be necessary. In addition, the request submitted does not specify a treatment site. There is lack of documentation indicating the injured worker had undergone an adequate trial of the H-wave. Therefore, the request for H-wave is not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an EMG left lower extremity is not medically necessary. The injured worker complained of pain in the low back and leg. He indicated his pain was located in the left leg sciatic region. The injured worker described his pain as constant and aching. He rated his pain 4/10 in severity with medication. California MTUS Guidelines note electromyography (EMG) including H-reflex test may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Discography is not recommended for assessing patients with acute low back symptoms. There is lack of significant objective findings indicating the length of time the injured worker complained of lower extremity pain. There is lack of significant objective findings indicating the injured worker had focal neurological dysfunction of the low back, including decreased sensation, or motor strength. Additionally, the injured worker underwent an EMG on 10/07/2013, the medical necessity for an additional EMG is not medically necessary. Therefore, the request is not medically necessary.

