

Case Number:	CM14-0106452		
Date Assigned:	09/24/2014	Date of Injury:	10/07/2010
Decision Date:	10/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old woman who sustained a work related injury on October 7, 2010. Subsequently, she developed chronic knee, shoulder, and back pain. X-rays of the cervical spine dated December 12, 2013 showed osteophytosis, most prominent at C5-6 and C6-7. X-rays of the lumbar spine dated December 12, 2013 showed evidence of degenerative disc disease, most prominent at L5-S1. On flexion/extension views, there is retrolisthesis of L5 on S1 measuring approximately 2-3 mm, which is reduced upon forward flexion or upright positioning. MRI of the lumbar spine dated September 19, 2013 showed 1-2 mm circumferential disc bulge with a superimposed 3 mm central disc protrusion at L5-S1. This finding in combination with moderate bilateral facet joint arthropathy results in mild-to-moderate bilateral neural foraminal narrowing. EMG/NCV studies performed on August 16, 2012 showed no evidence of radiculopathy or neuropathy in the upper or lower extremities. According to a progress report dated May 29, 2014, the patient complains of middle back and bilateral lower back pain. With medications, the patient rates her pain as 7/10 and without medications, she rates her pain as 9/10. She states that medications are less effective. Side effects of the medication include constipation. She indicates that since the injury, she has had multiple cortisone injections to her left shoulder as well as numerous injections to her left knee. She has also undergone a right knee arthroscopy. She was given a 3 month trial rental of an interferential unit but was unable to get authorization for purchase of an IF unit. She underwent approximately 8 sessions of acupuncture as well as 6 sessions of pool therapy from September 2012 to November 2012. Laboratory testing done in July 2013 showed elevated liver enzymes so she has been told not to take more than 2 Norcos per day. As a result, she has been significantly increasing her use of Motrin. Examination of the cervical spine revealed asymmetry or abnormal curvature on inspection of the cervical spine. Range of motion is restricted with flexion, extension, lateral rotation to the left, and lateral

rotation to the right. Tenderness of the paravertebral muscles was noted on both sides. Examination of the lumbar spine revealed no scoliosis with tenderness and reduced range of motion. Sensation is grossly intact without noted deficits. The patient was diagnosed with degenerative disc disease, L5-S1, with posterior disc bulge and loss of disc height; depression; chronic right shoulder pain; and left shoulder rotator cuff tendinitis. A prior peer review was completed on February 11, 2014. The request for facet block L4-5 and L5-S1 bilateral was non-certified given the history of the patient's radicular pain. The provider requested authorization for H wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT)(Julka, 1998) (Kumar, 1997).

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapy or TENS. There is no documentation of failure of first line therapy and conservative therapies including physical therapy. There is no documentation that H therapy will be used in combination with other therapies modalities. There is no documentation that the patient was suffering from a neuropathic pain. Therefore an H wave trial 30 days is not medically necessary.