

<b>Case Number:</b>	CM14-0156636		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 patient is a 47-year-old male with a date of injury of 05/17/2010. The listed diagnoses per [REDACTED] are: 1. cervical spine strain. 2. Thoracic spine strain. 3. Lumbar spine disk bulge. 4. Right shoulder strain. 5. Left shoulder strain. 6. Right hip strain. 7. Left hip strain. 8. Right knee strain. 9. Left knee strain. 10. Right foot strain. 11. Left foot strain. 12. Other problems unrelated to current evaluation. According to [REDACTED] most recent progress report from 05/19/2014, the patient presents with chronic low back, neck, bilateral shoulder, bilateral hip, bilateral knee and bilateral foot pain. Utilization review discusses a progress report dated 08/06/2014, which was not provided in the medical file. It was indicated that the patient had to return the H-wave since it was not authorized. The patient wanted to continue H-wave and wanted one permanently. On physical examination, there was diminished sensation over the right lateral shoulder and diminished on the right thumb tip and right small tip. The treatment plan included an H-wave unit "as it has helped." This is a request for a purchase of an H-wave unit, followup visit with orthopedic specialist, and follow-up office visit with a toxicology specialist. Utilization review denied the request on 08/25/2014. Treatment reports and AME reports from 02/04/2014 through 07/15/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for the use of TENS P.

**Decision rationale:** This patient presents with chronic low back, neck, bilateral shoulder, bilateral hip, bilateral knee and bilateral foot pain. The treater is requesting a purchase of an H-wave unit. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention but a one-month home base trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care." In this case, the treater does not discuss prior use of the TENS unit. Review of QME report from 6/27/14 indicates that the patient has tried a TENS machine with "some relief." MTUS requires "failure" of a TENS unit prior to initiating a trial of the H-wave unit. It would appear that the patient has not "failed" TENS unit and a H-wave unit would not be indicated. Given the above the request is not medically necessary.

**Follow-Up Visit with Orthopedic Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** This patient presents with chronic low back, neck, bilateral shoulder, bilateral hip, bilateral knee and bilateral foot pain. The treater is requesting a followup visit with an orthopedic specialist. ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, the request is for "follow up visits" to an orthopedic specialist. Medical records indicate the patient is being treated by PTP [REDACTED], secondary treating physician [REDACTED], and pulmonary specialist [REDACTED]. She was also seen recently by an Orthopedic Qualified medical examiner [REDACTED]. It is unclear why the patient requires a "specialist" follow up at this time. Given the above the request is not medically necessary.

**Follow-Up office visit with Toxicology Specialist:** 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.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a followup visit with a toxicology specialist. The rationale for this request is not noted. Utilization review denied the request stating "There was no appropriate indication for this referral." ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." There is no rationale for this request. It is unclear why the patient requires a follow up with a toxicology specialist. Given the above the request is not medically necessary.