

Case Number:	CM14-0169857		
Date Assigned:	10/20/2014	Date of Injury:	06/29/2013
Decision Date:	11/20/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 injured worker is a 28 year old female with a date of injury on 6/29/2013. As per the report of 9/22/14, she complained of pain in the neck, mid back, lower back and legs with numbness and burning pain, and moderate depression. She rated her pain as 3/10 with medication and 8/10 without. She reported numbness in her hands at times. Exam revealed altered sensation in the posterior right, anterior and lateral left leg, and decreased sensation in the posterior left leg. There were decreased sensations in the medial aspect of arms, tenderness of the cervical and upper trapezius, limited cervical flexion, extension and rotation, and positive Spurling's sign. Back exam revealed positive straight leg raising (SLR) bilaterally, tenderness to palpation with spasms in the lumbar paraspinals, and limited lumbar range of motion (ROM). A brain magnetic resonance imaging (MRI) dated 6/16/14 revealed there were numerous scattered lesions in the cerebral hemispheres and midbrain and medulla, highly suspicious for demyelinating disease such as multiple sclerosis (MS). A cervical magnetic resonance imaging (MRI) dated 6/16/14 revealed at C4-5 slightly narrowed disc; several lesions in the medulla; and highly suspicious C-spine cord and T-spinal cord for demyelinating disease such as multiple sclerosis (MS). A lumbar MRI dated 12/26/13 revealed L4-5 disc desiccation and 3 mm broad-based disc bulge with a focal tear within the central inferior portion of the disc; mild facet and ligamentum flavum hypertrophy at L4-5; at L5-S1 disc desiccation and a 4 mm broad-based-disc bulge with a focal tear within the central inferior portion-of-the disc; and mild facet arthrosis at L5-S1. She is currently on omeprazole, ibuprofen, and titration of baclofen. She had series of physical therapy (PT) with only temporary relief, bilateral S1 transforaminal epidural steroid injection (TFESI) on 5/20/14 with partial relief. Oral medications and exercises helped her to reduce pain. As per the report of 6/11/14, she had tried transcutaneous electrical nerve stimulation (TENS) during approved physical therapy (PT) without any relief. Diagnoses include low back pain, lumbar

discogenic pain, disc desiccation at L4-5 and L5-S1 with tears, lumbar facet arthropathy, lower extremity paresthesias, myofascial pain, neck pain, cervical discogenic pain, upper extremity paresthesias, intermittent tongue numbness and abnormal brain and cervical spine MRI findings. The request for 1 Home H-Wave Device (purchase/indefinite use) was denied on 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-Wave Device (purchase/indefinite use): 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): 117-118.

Decision rationale: Per guidelines, H-Wave is not recommended as an isolated intervention, but one month home based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunction program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS) unit. The one-month trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. In, this case, the medical records do not document the above guidelines criteria are met. There is no evidence of diabetic neuropathic pain or chronic soft tissue inflammation with treatment of functional restoration following failure of initially recommended conservative care. There is no documentation of one month trial. Thus, the request is not considered medically necessary per guidelines.