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| <b>Case Number:</b>   | CM14-0036485 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 02/23/2009 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2014 |

### 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 and is licensed to practice in Illinois. 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 43-year-old female with a reported date of injury of 02/23/2009. The mechanism of injury was reported as a fall down a flight of stairs. The injured worker presented with neck pain rated 9/10, severe low back pain rated 9/10, shoulder pain rated 8/10, bilateral arm pain rated 6/10, as well as pain in her hand rated 6/10, and right leg and right foot pain rated 6/10. In addition, the injured worker reports daily headaches experienced at 7/10. The psychological exam dated 01/31/2014 revealed the injured worker was depressed, frustrated, angry, overwhelmed, confused, and pessimistic with disturbed sleep and nightmares. The injured worker's Beck Depression Inventory-II score was 41 out of 63, revealing severe range of depression despite psychotropic medication. The injured worker also underwent a Beck Anxiety Inventory which revealed 32 out of 63 which revealed a severe range of anxiety. The clinical documentation indicated, the injured worker previously participated in physical therapy, manipulation, and acupuncture; the results of which were not provided within the documentation available for review. The clinical information also indicated the injured worker previously underwent x-rays, MRI, and CT scan; the results of which were not provided for the documentation available for review. Upon physical examination, the injured worker's lumbar range of motion revealed right lateral bending to 10 degrees, left lateral bending to 30 degrees and extension to 10 degrees. In addition, the injured worker presented with positive straight leg raise, bilaterally. The injured worker's diagnosis included degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy, and headaches. The injured worker's medication regimen included Flexeril, Anaprox, Neurontin, Norco, Zofran, and Topamax. The request for authorization for H-wave device -1 month use evaluation, psychodiagnostic testing, and cognitive psychotherapy behavioral sessions x3 with improvement another 10 sessions over 10 weeks was submitted on

03/25/2014. The rationale for the request was not provided within the clinical information available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H Wave device - One Month Use Evaluation.:** 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 Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based 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. Following failure of initially recommended conservative care including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. There is no evidence that H-wave is more effective as an initial treatment than compared to TENS for analgesic effects. A 1 month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and the benefits, and it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical documentation provided for review indicates the injured worker has undergone previous physical therapy, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the failure of physical therapy or medication in the treatment of injured workers functional abilities. The clinical note dated 03/04/2014 indicates the injured worker before H-wave treatment rates her pain at 8/10; post H-wave treatment, the injured worker rates her pain at 5/10. The clinical note also indicates the injured worker states she has a 50% to 60% improvement after utilizing H-wave. There is a lack of documentation related to the utilization and conjunction with H-wave of physical therapy. Although the injured worker has a diagnosis of diabetes, there is a lack of documentation related to the diagnosis of diabetic neuropathy. In addition, the documentation indicates the injured worker has been utilizing H-wave device at home; there is a lack of documentation as to the outcomes in terms of pain relief and increased functional ability. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values for the neck, shoulders, back, arms, hands, and feet for which the H-wave is being utilized. An additional 1 month use evaluation would exceed recommended guidelines. Therefore, the H-wave device/1 month use evaluation is not medically necessary.

**Psychodiagnostic Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the clinical information provided for review, the injured worker has undergone a psychological evaluation on 01/31/2014. The injured worker's Beck Depression Inventory exam scored 41 out of 63 revealing a severe range of depression despite psychotropic medication. The Beck Anxiety Inventory was scored at 32 out of 63 which also revealed a severe range of anxiety. The physician indicated that the injured worker was totally disabled from a psychological point of view. The need for second psychodiagnostic testing is unclear. Therefore, the request for psychodiagnostic testing is not medically necessary.

**Cognitive Psychotherapy Behavioral Sessions. x 3 with improvement another 10 sessions over 10 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment have been found to have positive short-term effect on pain interference and long-term effect on return to work. According to the clinical documentation provided for review, the injured worker has participated in psychological treatment; therapeutic results and benefit are not provided within the documentation available for review. In addition, there is a lack of documentation related to the screening, assessment of goals, and further treatment options. In addition, the request as submitted requests 3 cognitive psychotherapy sessions with improvement in another 10 sessions over 10 weeks. There is a lack of documentation related to the therapeutic benefit of the initial psychotherapy. Therefore, the request for cognitive psychotherapy behavioral sessions x 3 with improvement another 10 sessions over 10 weeks is not medically necessary.