MAXIMUS Federal Services

Case Number:	CM14-0043666		
Date Assigned:	07/02/2014	Date of Injury:	07/04/2012
Decision Date:	08/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehab 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 37-year-old male with a reported date of injury on 07/04/2012. The injury reportedly occurred when a crane hook hit him in the back. His diagnoses were noted to include chronic cervical sprain/strain, chronic thoracic sprain/strain, left shoulder sprain/strain, cervical radiculopathy, and fracture of the intercostal regions - multiple levels. His previous treatments were noted to include physical therapy, chiropractic therapy, medications, and an H-wave trial. The progress note dated 05/08/2014 revealed the injured worker complained of sharp pain to the upper extremities rated 7/10. The injured worker complained of a moderate degree of pain with stiffness and soreness to the neck rated 6/10. The injured worker complained of pain to his upper back on his left side with stiffness and deep spinal pain rated 5/10 to 6/10. The physical examination revealed moderate trigger points at the suboccipital nerve 2+, and posterior nuchae muscle spasm +2/5 with active trigger points. The range of motion to the cervical spine, left shoulder, and thoracic spine was diminished. The evaluation of the deep tendon reflexes to the upper extremities was equal and symmetrical. The evaluation of the dermatomes to the upper extremities revealed hypoesthesia in dermatomal pattern at left C5-7, and at C5-6 utilizing a Wartenberg pinwheel on the left. The evaluation of the grip strength was noted to be diminished. Palpation revealed cervical spine noted muscle spasm and tenderness bilaterally with point tenderness and edema noted at 3+. There was mild to moderate swelling noted at C3-7 and T4-8 spinous processes. There was tenderness noted over the superior trapezius, supraspinatus, and infraspinatus on the left. The Request for Authorization Form dated 02/21/2014 was for a 1 month home use evaluation of the H-wave to reduce pain and improve functional capacity. The request for the pain management consultation was not submitted within the medical records, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for 1 H-Wave unit is not medically necessary. The injured worker performed a trial with the H-wave. The California Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation 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 evidenced based functional restoration, and only 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 when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The documentation provided the injured worker failed conservative care with medications, physical therapy, and a TENS unit. The patient compliance and outcome report from H-wave trial was for 11 days and indicated the injured worker had 30% of pain improvement with utilization of the H-wave. The documentation provided indicated 11 days of use, and the guidelines recommend 30 days of a trial of the H-wave to determine efficacy. There is a lack of documentation in regards to the complete 30 days and whether the H-wave was being used in adjunct with evidence based functional restoration approach. Therefore, the request is not medically necessary.

1 pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, pa

Decision rationale: The request for 1 pain management consultation is not medically necessary. The documentation provided indicated the injured worker was seen by a pain management consultant. The CA MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis,

prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The injured worker has been seen by a pain management consultant and, therefore, an additional consultation is not warranted. Therefore, the request is not medically necessary.