

Case Number:	CM14-0192928		
Date Assigned:	11/26/2014	Date of Injury:	09/18/2008
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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 65-year-old male with injury date of 09/18/08. Based on the 09/12/14 progress report, the patient complains of neck pain radiating to the left upper extremity. Physical examination of cervical spine revealed decreased range of motion and decreased sensation to light touch and pinwheel in left upper extremity. Examination also revealed biceps tendon tenderness, and decreased left shoulder range of motion and strength. The provider requests transcutaneous electrical nerve stimulation (TENS) unit for cervical spine and left shoulder at least from 06/17/14 report. Diagnostic study per 09/12/14 progress report: Electrodiagnostic studies, bilateral upper extremities: severe left C5 and/or C6 radiculopathy involving the left deltoid, biceps, brachioradialis, extensor carpal radialis, and infraspinatus muscles. Cervical spine x-rays, 2 views 05/06/14: satisfactory alignment and fixation of cervical spine fusion with anterior plate, 4 levels. Surgeries per 09/12/14 progress report: status post cervical spine decompression and fusion (4 levels) 02/06/14 and left total hip arthroplasty 03/27/12. Diagnosis on 09/12/14 included cervical myelopathy and stenosis with left upper extremity radiculopathy; status post cervical spine decompression and fusion (4 levels) 02/06/14; right shoulder pain; right shoulder adhesive capsulitis; left shoulder pain; left hip arthrosis status post total hip arthroplasty 03/27/12; left hip iliopsoas tendinitis; and left hip pain, possible implant infection. The retrospective request is for purchase of electrodes and conductive gel for an H-wave device for the bilateral hips along with a TENS unit (date of service 9/22/2014). The utilization review determination being challenged is dated 10/30/14. The rationale is "There has not been an initial 30-day trial of TENS to support the need for H-wave stimulation supplies. There has not been an initial 30-day trial of TENS to support the use of TENS as a purchase." Treatment reports were provided from 02/25/14 to 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Purchase of electrodes and conductive gel for an H-wave device for the bilateral hips along with a TENS unit (DOS: 09/22/2014): 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); Criteria for the use of TENS in Chronic Intractable Pain Page(s): 116-.

Decision rationale: The retrospective request is for purchase of electrodes and conductive gel for an H-wave device for the bilateral hips along with a TENS unit (date of service 09/22/2014). The request is for two separate items. The patient's diagnosis dated 09/12/14 included cervical myelopathy and stenosis with left upper extremity radiculopathy. Physical examination of the cervical spine on 09/12/14 revealed decreased range of motion, and decreased sensation to light touch and pinwheel in left upper extremity. Examination also revealed biceps tendon tenderness, and decreased left shoulder range of motion and strength. The diagnosis dated 09/12/14 included cervical myelopathy and stenosis with left upper extremity radiculopathy. Per MTUS Guidelines page 117, "H-wave 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 and only following failure of initially recommended conservative care." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain (page 116), "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." The provider has not documented reason for the requesting purchase of H-Wave and TENS. Regarding H-Wave supplies, there is lack of documentation in treatment reports regarding pain reduction, functional improvement and how often the H-wave unit is being utilized. There is no documentation that the patient has trialed a home TENS unit either. However, this request is not for a 30 day trial of a TENS unit. It is for a TENS unit purchase. Therefore, this request is not medically necessary.