

Case Number:	CM14-0203062		
Date Assigned:	12/15/2014	Date of Injury:	08/09/2011
Decision Date:	02/05/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/04/2014

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, 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 32 year old male with an injury date of 08/09/11. Based on the 04/09/14 progress report provided by treating physician, the patient complains of low back pain rated 5-9/10 that radiates down both legs. Physical examination to the lumbar spine revealed mild tightness to the paraspinal muscles. Range of motion was decreased, especially on flexion 30 degrees. Tremoring weakness noted over the right ankle plantar flexors and dorsiflexors. The right quadriceps were also weak. Straight leg raise test positive bilaterally at 45 degrees, bilaterally. Patient's medications include Naprosyn, Advil, Tylenol, Omeprazole, Colace, Ambien and Norco. Patient has undergone epidural steroid injections, aquatherapy and chiropractic treatment. Per progress report dated 07/22/14, treater is requesting "dermatologist for burn on back due to Hwave unit." Patient is on modified duty and continues to use Hwave unit. Diagnosis 04/09/14- chronic low back pain with bilateral radicular pain- history of lumbar disc degeneration, L3-L4 5mm protrusion, L2-L3 3mm protrusion, L4-L5 3mm protrusion, and L5-S1 3mm protrusion The utilization review determination being challenged is dated 11/27/14. Treatment reports were provided from 02/11/14 - 07/22/14. Progress report dated 10/17/14 was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of electrodes, per pair, conductive paste or gel for dispensed on 10/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave, Criteria for the use of TENS Page(s): 117; 116.

Decision rationale: The patient presents with low back pain rated 5-9/10 that radiates down both legs. The request is for Purchase of electrodes, per pair, conductive paste or gel for dispensed on 10/17/14. Per diagnosis on 04/09/14, patient has history of lumbar disc degeneration, L3-L4 5mm protrusion, L2-L3 3mm protrusion, L4-L5 3mm protrusion, and L5-S1 3mm protrusion. Physical examination to the lumbar spine revealed mild tightness to the paraspinal muscles. Range of motion was decreased, especially on flexion 30 degrees. Tremoring weakness noted over the right ankle plantar flexors and dorsiflexors. The right quadriceps were also weak. Straight leg raise test positive bilaterally at 45 degrees, bilaterally. Patient's medications include Naprosyn, Advil, Tylenol, Omeprazole, Colace, Ambien and Norco. Patient has undergone epidural steroid injections, aquatherapy and chiropractic treatment. Patient is on modified duty and continues to use Hwave unit. 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:(p116) "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." Treater has not provided reason for the request, and progress report dated 10/17/14 was not provided for review. MTUS guidelines do recommend home usage of TENS units and H-Wave units when specific criteria are met. The ongoing recommendation of these units requires continued documentation of functional improvement to justify continued usage. Ongoing authorization for supplies for these types of machines requires documentation of the effects of the home units. In this case there is no information provided when the home unit was prescribed, how long it was used, how often it was used, functional effects of usage or any improvement with usage. Without proper documentation this request is not supported by MTUS. Furthermore, per progress report dated 07/22/14, treater is requesting "dermatologist for burn on back due to Hwave unit," which indicates patient has been injure while using the unit. Therefore, the request is not medically necessary.