

Case Number:	CM15-0001511		
Date Assigned:	01/12/2015	Date of Injury:	09/24/2013
Decision Date:	03/09/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 year old male landscape maintenance worker injured his lower back at work on 24 Sep 2013. The injury occurred when a car hit him from the rear while he was walking on the street with a leaf blower on his back. He has been diagnosed as having lumbosacral strain. He complains of pain in his lower back with radiation into his left upper leg. The pain interrupts sleep and limits his ability to sit in a car over 10 minutes. At his visit with his provider (11 Nov 2014) he complained of exacerbation of his pain. Exam showed decreased deep tendon reflexes of +1 at the knees and absent at the achilles. Straight leg raise was negative and there was tenderness on palpation over the left latissimus dorsi. Lumbar MRI (29 Oct 2013) which showed a small annular tear at the L1-2, a very tiny posterior disc protrusion and minor degenerative changes L2-S1. Electromyography and nerve conduction velocity studies on 11 Sep 2014 were normal. Treatment has included physical therapy (not helpful), home exercise program, heat, H-wave TENS (begun at physical therapy and which does decrease his pain) and medication (ibuprofen, cyclobenzaprine, Mobic).

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD combo TENS with HAN E0730 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3, pg 48-9, Chp 8, page(s) 181, Chp 9, page(s) 203, Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-8.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. H-wave stimulation is a form of TENS that uses a different wavelength, permitting the machine to use less power while attaining greater and deeper penetration. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment. Furthermore, the MTUS recommends use of the H-wave modality only after failure of TENS unit, medications and physical therapy. This patient has failed physical therapy and still has pain not fully controlled with medications. However, there has not been a trial of TENS therapy, thus the patient has not met the criteria for use of this device. Medical necessity for use of a H-wave unit has not been established.

Electrodes 8 pairs/month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-8.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. H-wave stimulation is a form of TENS that uses a different wavelength, permitting the machine to use less power while attaining greater and deeper penetration. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment. Furthermore, the MTUS recommends use of the H-wave modality only after failure of TENS unit, medications and physical therapy. This patient has failed physical therapy and still has pain not fully

controlled with medications. However, there has not been a trial of TENS therapy, thus the patient has not met the criteria for use of this device. Medical necessity for use of a H-wave unit has not been established so it follows that use of supplies for this unit (electrodes and batteries) has also not been established.

AAA batteries 6/month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-8.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. H-wave stimulation is a form of TENS that uses a different wavelength, permitting the machine to use less power while attaining greater and deeper penetration. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment. Furthermore, the MTUS recommends use of the H-wave modality only after failure of TENS unit, medications and physical therapy. This patient has failed physical therapy and still has pain not fully controlled with medications. However, there has not been a trial of TENS therapy, thus the patient has not met the criteria for use of this device. Medical necessity for use of a H-wave unit has not been established so it follows that use of supplies for this unit (electrodes and batteries) has also not been established.