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| Case Number: | CM15-0148140 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 04/15/2011 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: Texas, Florida, 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 4-16-2011, due to repeated data entry. The injured worker was diagnosed as having extremity pain, hand pain, low back pain, and cervical pain. Treatment to date has included diagnostics, bilateral carpal tunnel release surgeries in 2011, mental health treatment, physical therapy, acupuncture, chiropractic, and medications. On 6-05-2015, the injured worker complains of increased pain since last visit. He rated pain 3 out of 10 with medications and 7 out of 10 without. Activity level was unchanged. Current medications included Cymbalta, Lyrica, Trazadone, and Norco. Exam of the cervical spine noted hypertonicity, spasm, tenderness and tight muscle bands bilaterally in the paravertebral muscles. Exam of the lumbar spine noted restricted range of motion and positive lumbar facet loading bilaterally. Exam of the bilateral shoulders noted tenderness to palpation in the subdeltoid bursa and positive Hawkin's test. Exam of the bilateral wrists noted tenderness to palpation over the radial and ulnar sides and positive Phalen's and Tinel's tests. He completed a functional restoration program (FRP) and found it beneficial. The treatment plan included a 12 month gym membership to continue exercises and use equipment as instructed in the FRP. He recently returned from vacation and reported a couple of flare-ups of low back pain, but was able to cope through the pain. H wave was recommended for added pain control, noting allowance to decrease the amount of medications needed. He trialed and failed a transcutaneous electrical nerve stimulation unit in the past. It was documented that he tried the H wave machine during FRP and reported functional benefit. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS page 116 of 127 Page(s): 116 of 127.

Decision rationale: This claimant was injured in 2011 with diagnoses of extremity pain, hand pain, low back pain, and cervical pain. Treatment to date has included physical therapy, acupuncture, chiropractic, and medications. As of June 2015, there was increased pain. He completed a functional restoration program (FRP) and found it beneficial. H wave was recommended for added pain control, to decrease the amount of medications needed. He tried and failed a transcutaneous electrical nerve stimulation unit in the past. It was documented that he tried the H wave machine during FRP and reported functional benefit but just objective benefit is not documented. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. "Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia." (Niv, 2005) "Phantom limb pain and CRPS II: Some evidence to support use." (Finsen, 1988) (Lundeberg, 1985) "Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury." (Aydin, 2005) "Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm." (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover regarding the H-wave stimulation; the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: "as an adjunct to a program of evidence-based functional restoration" only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave. The request was appropriately non-certified under MTUS criteria and therefore is not medically necessary.

Gym membership for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back and other chapters, regarding Gym programs.

Decision rationale: As shared previously, this claimant was injured in 2011 with diagnoses of extremity pain, hand pain, low back pain, and cervical pain. Treatment to date has included physical therapy, acupuncture, chiropractic, and medications. As of June 2015, there is increased pain. He completed a functional restoration program (FRP) and found it beneficial. H wave was recommended for added pain control, noting allowance to decrease the amount of medications needed. He tried and failed a transcutaneous electrical nerve stimulation unit in the past. It was documented that he tried the H wave machine during FRP and reported functional benefit. The status of the independent home program is not documented. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Therefore, I am not able to endorse this gym program as a reasonable and necessary medically prescribable treatment and therefore is not medically necessary.