

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0211991 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 07/15/2011 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial-work injury on 7-15-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar strain, chronic pain syndrome, lumbar degenerative disc disease (DDD) with radiculopathy, and lumbar myofascial pain syndrome. Treatment to date has included pain medication Celebrex, Lidocaine patch, Neurontin, Tylenol #3, Flexeril, Voltaren, and Tylenol, psyche care Cognitive Behavioral Therapy (CBT) at least 4 sessions, acupuncture with no long lasting relief, chiropractic with temporary relief, physical therapy which was not helpful, and acupuncture 18 sessions which were helpful until she returned to work. Medical records dated 10-7-15 indicates that the injured worker complains of right lower extremity (RLE) moderate pain with numbness and tingling and symptoms are unchanged. There is also low back pain that is severe described as burning, radiating, and rated 8 out of 10 on the pain scale which is unchanged from previous visits. Per the treating physician report dated 10-7-15 the injured worker continues to work with restrictions. The physical exam reveals that she appears to be in mild distress, she is emotional and cries during the exam, there is aberrant motion in the right sacrum and moderate restricted motion in the thoracic and lumbar regions. There is tenderness in the thoracic region and cervical region. There is local pain in the lumbosacral region. The Kemp's test is positive bilaterally and Patrick's and Fabere's are positive bilaterally. The straight leg raise is positive bilaterally and double leg raise is positive bilaterally with pain in the lumbosacral region. There was minimal tenderness over the trochanteric region bilaterally. The lumbar range of motion was decreased with pain. The physician indicates that Magnetic

Resonance Imaging (MRI) of the lumbar spine dated 1-2-14 reveals mild multi-level degenerative disc disease (DDD) with mild spinal and foraminal stenosis. The physician indicates that he recommends a trial of in home H-wave for chronic pain. The requested service included 30 Days Trial of H-Wave Unit with Electrodes. The original Utilization review dated 10-22-15 non-certified the request for 30 Days Trial of H-Wave Unit with Electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days Trial of H-Wave Unit with Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: There is no documented failed trial of TENS use. Per guidelines, H-wave is not recommended as an isolated intervention, but a one-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, including recommended modalities of therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS) which have not been demonstrated. There is no clinical exam documented with progressive neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The 30 Days Trial of H-Wave Unit with Electrodes is not medically necessary and appropriate.