

Case Number:	CM15-0221503		
Date Assigned:	11/17/2015	Date of Injury:	02/23/2013
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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 37-year-old female, with a reported date of injury of 02-23-2013. The diagnoses include cervical spine sprain and strain, cervical disc disease, cervical radiculopathy, status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and lumbar spine sprain and strain. The comprehensive pain management consultation report dated 10-02-2015 indicates that the injured worker complained of pain in the cervical spine, which was rated 5 out of 10, with radiation to the bilateral shoulders down to the hands with weakness sensation; and pain in the lumbar spine, rated 7 out of 10 with radiation to the bilateral legs down to the toes with numbness sensation. The subjective complaints on 09-09-2015 included cervical spine pain, with radiation to the bilateral upper extremities to the fingers, rated 3-7 out of 10; thoracic spine pain, rated 3-10 out of 10; and lumbar spine pain with radiation down the bilateral lower extremities, rated 5-9 out of 10. The physical examination showed a wide-based gait; no apparent distress; heel and toe walking performed with difficulty secondary to low back pain; decreased lordosis of the cervical spine; moderate cervical paraspinal muscle tenderness and spasm on the bilateral trapezii; positive bilateral axial head compression; positive bilateral Spurling's sign; tenderness to palpation at C4-7 levels; decreased bilateral cervical flexion, extension, and lateral rotation; normal bilateral shoulder range of motion; negative bilateral shoulder impingement sign; normal bilateral elbow range of motion; normal bilateral wrist range of motion; decreased sensation in the C5 and C6 dermatomes bilaterally; diffuse lumbar paraspinal muscle tenderness; moderate facet tenderness at L4-S1 levels; positive seated and supine straight leg raise bilaterally; decreased lumbar spine range of

motion; and decreased sensation in the L5 and S1 dermatomes bilaterally. The injured worker's work status was deferred to the primary treating physician. The diagnostic studies to date have included a urine drug screen on 10-02-2015 with negative findings. Treatments and evaluation to date have included physical therapy (temporary relief), chiropractic treatments (helpful), and Lidoderm patches. The treating physician requested H-wave unit 30-day trial for home use. On 11-04-2015, Utilization Review (UR) non-certified the request for H-wave unit 30-day trial for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit 30 day trial for home use: Upheld

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

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

Decision rationale: The 37 year old patient complains of pain in the cervical spine, rated at 3-7/10, radiating to the left upper extremity; pain in the thoracic spine, rated 3-6/10; and pain in the lumbar spine, rated at 4-9/10; radiating to bilateral lower extremities; as per progress report dated 10/06/15. The request is for H-WAVE UNIT 30 DAY TRIAL FOR HOME USE. There is no RFA for this case, and the patient's date of injury is 02/23/13. Diagnoses, as per progress report dated 10/06/15, included motor vehicle collision with another vehicle, cervical sprain/strain with myalgia, cervical disc displacement, cervical spine radiculitis, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, r/o recurrent lumbar disc displacement, and lumbar spine radiculitis. The patient is status post L5-S1 microdiscectomy in 2010. Medications include Tramadol, Fexmid, Motrin, Lidoderm patches and Megestrol for appetite, as per progress report dated 10/02/15. The patient is working as a massage associate 9 hours per day, 3 days per week, with exacerbation of symptoms, as per progress report dated 10/06/15. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS), Page 117. Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the request for H-wave unit for home use is noted in progress report dated 10/02/15. The Utilization Review denied the request as the use of a "H-wave unit is never supported outside of a rehabilitation program or without a trial of a two-

lead TENS unit." The patient continues to suffer from chronic pain, in spite of physical therapy, chiropractic treatments, and medications. However, there is no indication that the patient is undergoing a program that is promoting evidence-based functional restoration. MTUS supports the trial of a H-wave unit only as "an adjunct to a program of evidence-based functional restoration." Hence, the request IS NOT medically necessary.