

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0036477 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 05/05/2012 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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, Pain Management

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 53 year old male, who sustained an industrial injury on 05/05/2012. The diagnoses have included backache and lumbar degenerative joint disease/degenerative disc disease. Noted treatments to date have included lumbar surgery, physical therapy, and medications. Diagnostics to date have included MRI on 08/29/2012 showed L4-5 disc desiccation with disc bulge and L5-S1 disc is moderate to markedly narrowed and desiccated with degenerative end plate changes and 3mm bulge per progress note. In the same progress note dated 12/12/2014, the injured worker presented with complaints of pain level remaining unchanged since last visit. The treating physician reported tenderness and tight muscle band noted to both sides of paravertebral muscles. Utilization Review determination on 02/10/2015 non-certified the request for Zynex H-Wave Unit: Batteries and Electrodes citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zynex H-wave unit, batteries, and electrodes (DOS: 12/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, H-wave stimulation (HWT) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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 physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 1-month TENS unit trial as recommended by guidelines. In the absence of such documentation, the currently requested H-wave unit is not medically necessary.