

Case Number:	CM15-0041082		
Date Assigned:	03/11/2015	Date of Injury:	03/12/2010
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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 34-year-old female, who sustained an industrial injury on March 12, 2010. She has reported neck pain and lower back pain radiating to the legs. Diagnoses have included lumbago, lumbar spine radiculitis, chronic pain syndrome, myalgia/myositis, sacroiliac joint pain, and lumbar/lumbosacral degenerative disc disease. Treatment to date has included medications, home exercise, physical therapy, and H wave unit therapy. A progress note dated November 24, 2014 indicates a chief complaint of increasing neck pain and lower back pain radiating to the legs. The treating physician documented a plan of care that included medications and continued use of the H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Electrodes, per pair (DOS 01/20/02015): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The patient presents with chronic neck and lower back pain rated 8-9/10. The patient's date of injury is 03/12/10. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE ELECTRODES, PER PAIR, DOS 01/20/15. The RFA was not provided. Physical examination dated 11/24/14 reveals tenderness to palpation of the bilateral sciatic notches, sacroiliac joints, and lumbar paraspinal muscles. Patrick's test and Gaenslens's sign is noted positive on the left. Neurological examination reveals decreased sensation along the right L5-S1 dermatome. The patient is currently prescribed Carisoprodol, Hydrocodone, Omeprazole, Naproxen, Loestrin, and Levothyroxine. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS guidelines pages 114-116 under TENS -transcutaneous electrical nerve stimulation- for chronic pain states: "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." MTUS further states use is for neuropathic pain. In regard to the retrospective electrodes for this patient's home H-wave device, the request appears reasonable. Progress note dated 11/24/14 notes that this patient experiences pain relief attributed to home H-wave device usage in conjunction with medications and physical therapy. It appears that this patient has an H-wave and has been using it with pain improvements since at least 03/26/14. Owing to the documentation of efficacy of this device and the time period over which it has been used, the issuance of an additional pair of electrodes is appropriate. The request IS medically necessary.

Retrospective: Conductive Paste or gel (DOS 01/20/2015): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The patient presents with chronic neck and lower back pain rated 8-9/10. The patient's date of injury is 03/12/10. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE CONDUCTIVE PASTE OR GEL, DOS 01/20/15. The RFA was not provided. Physical examination dated 11/24/14 reveals tenderness to palpation of the bilateral sciatic notches, sacroiliac joints, and lumbar paraspinal muscles. Patrick's test and Gaenslens's sign is noted positive on the left. Neurological examination reveals decreased sensation along the right L5-S1 dermatome. The patient is currently prescribed Carisoprodol, Hydrocodone, Omeprazole, Naproxen, Loestrin, and Levothyroxine. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS guidelines pages 114-116 under TENS -transcutaneous electrical nerve stimulation- for chronic pain states: "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." MTUS

further states use is for neuropathic pain. In regard to the conductive gel for this patient's home H-wave device, the request appears reasonable. Progress note dated 11/24/14 notes that this patient experiences pain relief attributed to home H-wave device usage in conjunction with medications and physical therapy. It appears that this patient has an H-wave and has been using it with pain improvements since at least 03/26/14. Owing to the documentation of efficacy of this device and the time period over which it has been used, the issuance of conductive gel for use with the device is appropriate. The request IS medically necessary.