

Case Number:	CM15-0044298		
Date Assigned:	03/17/2015	Date of Injury:	09/18/2007
Decision Date:	04/20/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 33 year old female, who sustained an industrial injury on September 18, 2007. She reported a cumulative trauma injury. The injured worker was diagnosed as having pain disorder associated with psychological factors and an orthopedic condition, depressive disorder, anxiety disorder, cervical radiculopathy, cervical facet syndrome, spasm of muscle, bilateral carpal tunnel syndrome, bilateral forearm pain and neck pain. Treatment to date has included surgery, physical therapy, acupuncture, TENS, physical reconditioning sessions, chiropractic treatment, partial functional restoration program, psychotherapy and medications. On February 6, 2015, the injured worker complained of pain in her right upper extremity and neck. The pain was rated as a 6 on a 1-10 pain scale. She was noted to have mild to moderate depression, mild anxiety and mild fear of re-injury and movement. She was noted to be making good progress in her functional restoration program. The treatment plan included the functional restoration aftercare program.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 3 pg 48-9; Chp 8 pg 181, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-8.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. H-wave stimulation is a form of TENS that uses a different wavelength, permitting the machine to use less power while attaining greater and deeper penetration. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment. Furthermore, the MTUS recommends use of the H-wave modality only after failure of TENS unit, medications and physical therapy. This patient has failed physical therapy and still has pain not fully controlled with medications although a functional restoration program has been helpful. A trial of TENS therapy was used in the past but there was no comment on its effectiveness. The criteria for use of an H-wave TENS unit has been met. Medical necessity for use of this device has been established.