

<b>Case Number:</b>	CM15-0056759		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 was a 26 year old female, who sustained an industrial injury, August 19, 2012. The injured worker previously received the following treatments on March 23, 2015, right stellate ganglion block, Lyrica, Ultracet, Cymbalta, Zorvolex, Blue Stop Gel and Neurontin. The injured worker was diagnosed with lateral epicondylitis, sprain of the wrist, myofascial pain syndrome and causalgia upper limb. According to progress note of February 11, 2015, the injured workers chief complaint was right wrist pain. The injured worker received a right stellate ganglion block with only a 40% reduction of pain. The injured worker stated the wrist hurts more a night The Lyrica and Neurontin were discontinued do to blurred vision and Indomethacin was to start. The Ultracet was discontinued due to insomnia. Norco started for pain. The physical exam noted pain behaviors during the visit of holding and supporting the affected body part or area while sitting a rigid posture. The treatment plan included a TENS (transcutaneous electrical nerve stimulator) unit, H-wave trail and H-wave purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS trial:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tens Page(s): 116.

**Decision rationale:** MTUS guidelines support TENS for treatment of pain and continued use where there is documentation of pain and functional benefit. The medical records report condition of pain with previous treatment with medications and injections. TENS trial is supported under MTUS when there is documented pain condition that has failed first line therapies. As such the medical records support TENS supplies and TENS trial. Therefore, the request is medically necessary.

**H-Wave trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy Page(s): 117-118.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines-low back, H-wave.

**Decision rationale:** ODG guidelines supported that H-wave is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency. The medical records report pain but does not indicate failure of TENS. The medical records do not support H-wave therapy congruent with ODG guidelines. Therefore, the request is not medically necessary.

**H-Wave purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy Page(s): 117-118.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, H-wave.

**Decision rationale:** ODG guidelines supported that H-wave is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency. The medical records report pain but does not indicate failure of TENS. The medical records do not support H-wave therapy congruent with ODG guidelines. Therefore, the request is not medically necessary.

