

Case Number:	CM14-0092365		
Date Assigned:	07/25/2014	Date of Injury:	02/28/2003
Decision Date:	10/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old female with a 2/28/03 date of injury, and status post right shoulder surgery in 2007. At the time (5/13/14) of request for authorization for H-Wave Unit with Supplies, Lumbar Spine Pillow, and Cane, there is documentation of subjective (constant, daily pain, lower left back 7.5, right wrist pain 6.5, and right shoulder 8) and objective (straight leg raise on left positive at 80 degrees, altered gait to left without cane, and tenderness) findings, current diagnoses (lumbar spine myofascitis with disc injury, status post right shoulder arthroscopic surgery, and status post left shoulder arthroscopic surgery), and treatment to date (H-wave). Regarding H-Wave Unit with Supplies, there is no documentation of other ongoing treatment modalities, how often the unit was used, and outcomes in terms of pain relief and function with H-wave use. Regarding Lumbar Spine Pillow, there is no documentation that the lumbar support pillow is intended to change sitting posture.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit with Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine myofascitis with disc injury, status post right shoulder arthroscopic surgery, and status post left shoulder arthroscopic surgery. In addition, there is documentation of ongoing H-wave treatment. However, there is no documentation of other ongoing treatment modalities, how often the unit was used, and outcomes in terms of pain relief and function with H-wave use. Therefore, based on guidelines and a review of the evidence, the request for H-Wave Unit with Supplies is not medically necessary.

Lumbar Spine Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phys. Ther. 1984 Oct;64 (10): 1531-5. Quantitative Description of Two Sitting Postures. With or Without a Lumbar Support Pillow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>; <http://www.ncbi.nlm.nih.gov/pubmed/6237373>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies that the use of a lumbar support pillow is intended to change sitting posture. In addition, Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Lumbar Spine Pillow. Within the medical information available for review, there is documentation of diagnoses of lumbar spine myofascitis with disc injury, status post right shoulder arthroscopic surgery, and status post left shoulder arthroscopic surgery. However, there is no documentation that the lumbar support pillow is intended to change sitting posture. In addition, there is no documentation that the request represents medical

treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Pillow is not medically necessary.