

Case Number:	CM14-0218911		
Date Assigned:	01/09/2015	Date of Injury:	11/01/2007
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 51-year-old male, who sustained an industrial injury on 11/01/2007 and has chronic back pain. He has also reported pain in the legs. On exam he has an antalgic gait and spasm with guarding noted in the lumbar spine. His diagnoses include sciatica, recurrent episodes of unspecified major depression, disorders of the sacrum, and psychogenic pain. Treatment to date has included use of non-steroidal anti-inflammatory, epidural steroid injections, and symptomatic treatment. Antidepressants and psychological counseling have been given as well as physical therapy, and lumbar support. Currently, the IW complains of chronic pain averaging a 9/10 but increasing at times to 10/10. The pain is described as a pulsing, pressing pain with sharp stabbing aspects. He states the pain is in his lower back going down his entire leg, but not as much in the front as in the back. The IW indicates that he avoids pushing, pulling, lifting, carrying, reaching above shoulder level, twisting, stooping, bending and prolonged positions or sudden movement because of the back pain. He has had no surgeries. He is not working. In notes from a pain clinic treating the IW in November 2014, the IW states he has no acute changes, but continues lower back pain with radiation to the right lower extremity. He has used topical creams, but they have lost their effectiveness. The Tens unit is not used consistently due to severe and intolerable flare up of pain that the IW gets after stopping use of the unit for approximately 7 days of consistent use. On the visit of 11/20/2014, the IW felt the low back condition was getting worse. He has been seeing a psychologist on a weekly basis. Current medications include Diclofenac Na 1.5% Cream, Ketamine 5% cream, Acarbose 25 mg tablet 3 tabs daily, enteric coated aspirin 81 mg daily, Glyburide 5 mg 4 tabs daily, Metformin

Hcl 1,000 mg 2 tabs daily, Omeprazole DR 20 mg capsule 1 tablet daily, Pioglitazone Hcl 15 mg tablet 1 tablet daily, and Simvastatin 20 mg tablet once daily. On 12/11/2014, a request for authorization (ROA) was received for unknown replacement batteries for TENS unit, unknown electrode pads (replacement TENS Unit, and Unknown trial of H-wave unit. A utilization review letter was issued 12/19/2014 giving modified approval of the H-wave unit in a 30 day trial between 11/20/2014 and 02/15/2015 citing California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain for each.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown replacement batteries for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: Unknown replacement batteries for TENS unit is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Additionally, the patient reported only mild relief and even exacerbation of pain with previous use of the TENS unit. Per CA MTUS, TENS unit is not medically necessary as solo therapy.

Unknown electrode pads (replacement TENS unit supplies): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: Unknown electrode pads (replacement TENS unit supplies) is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Additionally, the patient reported only mild relief and even reported exacerbation of pain with previous use of the TENS unit. Per CA MTUS, TENS unit is not medically necessary as solo therapy.

Unknown trial of H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment Page(s): 119.

Decision rationale: H-wave purchase is not medically necessary. Per MTUS, H-wave not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. 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 methodological issues. As it relates to this case H-wave was recommended as solo therapy for pain associated and the patient did not find improvement with the TENs unit. Per MTUS and the previously cited medical literature H-wave therapy is not medically necessary as solo therapy and the current diagnoses.