

Case Number:	CM14-0039008		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2004
Decision Date:	02/18/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 69-year-old gentleman with a date of injury of 08/06/2004. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 02/21/2014 indicated the worker was experiencing neck pain and severe lower back pain that went into the left leg. Documented examinations consistently described a painful walking pattern with a cane and tenderness in the lower back and sciatic notches. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar radiculopathy after treatment with surgeries, severe anxiety, depression, and insomnia. Treatment recommendations included oral and topical medications, urinary drug screen testing, genetic testing for medications, acupuncture, and electrical stimulation treatment. A Utilization Review decision was rendered on 03/03/2014 recommending non-certification for an interferential (H-wave) unit and a back brace with suspenders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit (H-Wave): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current and H-wave stimulation are types of electrical stimulation treatment for pain. The MTUS Guidelines do not recommend use as an isolated treatment. A one-month home-based trial of H-wave stimulation can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The MTUS Guidelines support the use of interferential treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was suffering from cervical and lumbar radiculopathy after treatment with surgeries, severe anxiety, depression, and insomnia. There was no indication this therapy would be provided along with an evidence-based functional restoration program, that a one-month trial had shown benefit or that the worker had failed conservative management. There was no discussion describing special circumstances that supported this request. In the absence of such evidence, the current request for an interferential (H-wave) unit is not medically necessary.

Back brace with suspenders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar radiculopathy after treatment with surgeries, severe anxiety, depression, and insomnia. There were no discussion suggesting reasons a back brace would be helpful or detailing special circumstances supporting the use of this treatment in this setting. In the absence of such evidence, the current request for a back brace with suspenders is not medically necessary.

