

Case Number:	CM15-0172990		
Date Assigned:	09/23/2015	Date of Injury:	04/20/2015
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 4-20-2015, resulting in a closed head injury with neck and low back injuries. A review of the medical records indicates that the injured worker is undergoing treatment for radicular type neck pain with radiculitis of the right arm, C5-C6 herniated nucleus pulposus (HNP), right shoulder impingement syndrome without evidence of rotator cuff tearing, L4-L5 and L5-S1 herniated nucleus pulposus (HNP) with recurrent radicular type low back pain, left leg radiculitis, closed head injury with chronic headaches, and right wrist sprain. On 7-29-2015, the injured worker reported chronic headaches, diffuse aches and pains through his body, with low back pain, shooting pains down his right leg, ongoing neck pain with intermittent numbness and tingling radiating down his right arm involving the ulnar two fingers of his right hand, a sore right shoulder, and right wrist discomfort. The Primary Treating Physician's report dated 7-29-2015, noted the examination of the cervical spine revealed diffuse tenderness to palpation to the posterior aspect of the neck with considerable amount of neck stiffness, unable to rotate the neck further than 35 degrees in either direction, with limited chin to chest at about 40 degrees. The examination of the low back was noted to show the injured worker ambulating with a cane, favoring his right leg, with forward flexion limited to his knee secondary to low back discomfort, with give-away weakness to most muscles tested. The Physician noted the cervical spine MRI of 6-1-2015, was described as showing some disc degeneration with broad based bulging as well as disc osteophyte complex causing moderate bilateral neural foraminal narrowing at C5-C6, and some mild degenerative changes in the rest of the cervical spine. Prior treatments have included epidural steroid injection (ESI) in the low back noted to improve symptoms, physical therapy, and medications. The injured worker received an epidural steroid injection (ESI), without documentation of the site of the injection. The injured worker was

noted to remain temporarily totally disabled. The request for authorization dated 8-5-2015, requested a home H-Wave trial 30 day rental for the neck and back. The Utilization Review (UR) dated 8-18-2015, non-certified the request for a home H-Wave trial 30 day rental for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Trial 30 Day Rental Neck and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The 57 year old patient complains of ongoing neck pain radiating down the right arm along with numbness and tingling, right shoulder pain, lower back pain shooting down the right leg, and mildly symptomatic right wrist, as per progress report dated 07/29/15. The request is for Home H-Wave Trial 30 Day Rental Neck and Back. The RFA for this case is dated 08/05/15, and the patient's date of injury is 04/20/15. Diagnoses, as per progress report dated 07/29/15, included radicular-type neck pain with radiculitis of right arm, C5-6 HNP, right shoulder impingement syndrome, L4-5 and L5-6 HNP with radicular-type low back pain, closed head injury with chronic headaches, and right wrist sprain. Diagnoses, as per progress report dated 05/28/15, closed head injury with concussion, right temporomandibular joint syndrome secondary to facial trauma, right labyrinthine concussion, lumbar pain with right hip injury, cervical strain, possible right greater occipital neuralgia, right medial epicondylitis, and right shoulder sprain with possible internal derangement. The patient is temporarily totally disabled, 07/29/15. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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." In this case, the request for 30-day trial of H-wave system is noted in progress report dated 07/22/15. The treater states that the patient is experiencing pain, reduced range of motion, and impaired ability to perform activities of daily living. The treater is recommending the patient to use the machine for 30 to 60 minutes, two times a day during the trial period. The treater also states that the patient has failed conservative treatments such as physical therapy, medications and TENS trial. However, there is no indication that the patient is undergoing a program that is promoting evidence-based functional restoration. MTUS supports the trial of a H-wave unit only as " an adjunct to a program of evidence-based functional restoration." Hence, the request is not medically necessary.