

Case Number:	CM15-0055592		
Date Assigned:	03/30/2015	Date of Injury:	09/25/1998
Decision Date:	10/23/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 59-year-old man sustained an industrial injury on 9-25-1998. The mechanism of injury is not detailed. Diagnoses include cervical post-laminectomy syndrome, chronic pain syndrome, degeneration of lumbar intervertebral disc, and lumbar post-laminectomy syndrome. Treatment has included oral medications. Physician notes dated 3-4-2015 show complaints of low back and neck pain. The worker rates his pain 10 out of 10 without medications and 6 out of 10 with medications. The physical examination shows bilateral tenderness to the paracervical musculature, trapezius, and rhomboid; decreased range of motion to the cervical spine; decreased sensation to the sole of the feet and posterior leg; tenderness to palpation of the paraspinal region at L4 and the iliolumbar region; pain with motion of the lumbar spine; and tenderness in T8. Recommendations include Percocet, Kadian, Clonidine, Diazepam, weaning doses of opiates, H-wave stimulator, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave stimulator: 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 claimant has a remote history of a work injury in May 1998 and is being treated for low back and neck pain with a history of cervical and lumbar post-laminectomy syndrome. In April 2014 a new TENS unit was requested. When seen, he was having increasing pain radiating into the left lower extremity. There were no recorded neurological deficits. X-rays were reviewed showing expected findings of his lumbar fusion. TENS in the past had only been moderately successful and an H-wave stimulator was recommended. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and TENS (transcutaneous electrical nerve stimulation). In this case, the claimant has not undergone a home-based trial of H-wave stimulation. TENS had previously been effective and whether his unit was replaced is unknown. Providing an H-wave unit for indefinite use was not medically necessary.