

Case Number:	CM15-0062615		
Date Assigned:	04/08/2015	Date of Injury:	07/04/2014
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 47 year old female injured worker suffered an industrial injury on 07/04/2014. The diagnoses included cervical radiculopathy and facet dysfunctions, lumbar facet dysfunctions, sacroiliac facet dysfunctions and depression. The diagnostics included cervical and lumbar x-rays. The injured worker had been treated with medications and home exercise program. On 3/4/2015 the treating provider reported neck and low back pain at 9/10. She reports the sleeping medications were not working. The straight leg raise was positive with decreased sensation in the hands and left ankle. There was tenderness to the cervical and lumbar spine muscles. The treatment plan included H-wave Machine Trial, TENS Unit Trial, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Machine Trial, quantity of days 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulator (HWT) Page(s): 117-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines do not recommend H wave machine as an isolated intervention but a one month home based trial may be considered for chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only if failure of initially recommended care. H wave is only recommended after failed TENS trial which is not documented in this case. The request for H Wave machine trial is not medically appropriate and necessary.

TENS Unit Trial, #30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 113-117.

Decision rationale: Guidelines for the use of TENS include; chronic intractable pain of at least three month's duration when conservative therapies have failed. A one month trial of TENS should be documented in terms of outcomes of pain relief and function. Other ongoing pain treatment should be documented including medication usage. In this case, there is no documentation that TENS is to be used as an adjunct to other modalities or that medications have failed. The request for TENS unit trial is not medically appropriate and necessary.

Ambien 10mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien.

Decision rationale: Guidelines state that Ambien is approved for short term treatment of insomnia for 2-6 weeks. In this case, the patient has been taking Ambien long-term and there is no documentation concerning sleep hygiene and sleep improvement derived from medication use. The request for Ambien is not medically necessary and appropriate.