

<b>Case Number:</b>	CM13-0008679		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	06/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services.

### 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 patient is a 48-year-old male who reported an injury on 02/09/2010 due to a lifting and twisting motion causing pain in the low back. This injury ultimately resulted in a lumbar fusion of the L5-S1. The patient received postsurgical physical therapy. The patient's most recent clinical evaluation revealed range of motion described as 50% of normal in flexion and extension, 2/5 strength in the left lower extremity reflexes, and a negative straight leg raising test bilaterally. The patient's diagnoses included status post anterior-posterior L5-S1 fusion, and neuropathic pain in the lower extremity. The patient's treatment plan included continuation of medications, ongoing pain management, and H-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient DME thirty day rental for H wave system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

**Decision rationale:** The requested outpatient DME 30 day rental for H-wave system is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone a trial of supervised H-wave therapy. California Medical Treatment Utilization Schedule recommends a 30 day home trial of an H-wave therapy

system as an adjunct treatment to active therapy when all lesser treatments have been exhausted. The clinical documentation submitted for review does not provide evidence that the patient has exhausted all lesser conservative treatments to include a TENS unit in the postsurgical management of the patient's pain. Also, although the patient underwent a trial of H-wave therapy during the patient's postoperative physical therapy, there are no documented quantitative descriptions of functional benefit as a result of the previous therapy. Therefore, a home trial would not be supported by guideline recommendations. As such, the requested outpatient DME 30 day rental for an H-wave system is not medically necessary or appropriate