

<b>Case Number:</b>	CM13-0014404		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Toxicology and Addiction, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 28 year old with date of injury on 11/24/10. The patient has been complaining about back pain. The diagnoses documented include lumbar strain, lumbar radiculopathy. The patient was treated with analgesics and interventional pain procedures. The procedure in dispute is H wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per the California MTUS guideline, h- wave is not recommended as an isolated intervention, but one month trial for diabetic neuropathy recommended; patient's diagnosis is lumbar radiculopathy and lumbar strain. Also patient has failed ESI and pharmacotherapy modes including transdermal butrans therapy so far. Also it was noted in the document that patient attained plateau phase. It is very unlikely that H wave therapy will make substantial positive effect in patient's pain.

