

<b>Case Number:</b>	CM13-0020768		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of September 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; interventional spine procedures, including facet joint blocks and trigger point injections; a cane; electrodiagnostic testing of January 10, 2013, notable for evidence of chronic left L4 radiculopathy; and extensive periods of time off of work. In a July 27, 2013 progress note, the applicant is described as having ongoing issues with low back pain. Tizanidine was helpful while Topamax reportedly caused some blurring in vision. The applicant's pain is 3-4/10. The applicant is using losartan on a non-industrial basis for hypertension. The applicant is given refills of Norco, Motrin, Prilosec, tizanidine, Protonix, Flexeril, and losartan. In an earlier note of June 22, 2013, the applicant is described as disabled. It is stated that there is no obvious need for surgery here. A repeat lumbar MRI is sought for the applicant's chronic low back pain. A variety of medications are renewed, including Norco, Vicodin, Naprosyn, losartan, Restone, Nexium, Prilosec, Topamax, and Zanaflex. Also reviewed are multiple vendor forms and statements from the applicant stating that ongoing usage of an H-Wave device has in fact been beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE, 3 MONTHS RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 118.

**Decision rationale:** As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of the H-Wave device of greater than one month should be justified by documentation submitted for review. In this case, however, the applicant has apparently already used the H-Wave for a minimum of 30 days, it appears, based on notes from the vendor and claims administrator. There is no evidence of any lasting benefit or functional improvement achieved despite ongoing usage of the H-Wave device. The applicant remains highly reliant on various medications and other forms of medical treatment, including injections, Norco, Vicodin, Zanaflex, Topamax, Naprosyn, etc. There is no evidence that the applicant remains off of work. There is no evidence that the applicant has derived any lasting benefit from prior usage of the H-Wave device. Therefore, the request for a three-month rental of the H-Wave device is not certified owing to a lack of functional improvement achieved through a prior 30-day trial of the same.