

<b>Case Number:</b>	CM13-0033595		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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 patient is a 45-year-old female with a date of injury on 7/5/07 while working and transferring a patient she felt a pop in her lower back. The patient has since been treated with diagnostic tests including a Magnetic Resonance Imaging of the lumbar spine on 7/9/10 with findings of multilevel disc protrusions at L4-5 and L5-S1, physical therapy, injections, medications, and lumbar epidural steroid injections. Treating physician's progress report dated 8/16/13 reveals patient was complaining of extreme low back pain at 9/10 with medications and low back pain radiating to left leg with numbness. There were no objective exam findings noted. It states that meds and creams help manage pain. There was a request for meds, pain management consult for the lumbar spine and H-wave unit rental. Meds were authorized consistent of Gabapentin 600mg #90, Tramadol 50mg #90, Carisoprodol 350mg #60. There is a pain management consult report dated 9/12/13 indicating patient has low back pain radiating into bilateral lower extremities worse on left causing numbness in foot with findings of palpable tenderness/spasms of lumbar paraspinals, decreased lumbar ranges of motion, (+)SSLR, (+)SLR on right, (+)Milligrams and decreased sensitivity L5-S1 dermatome on right with pinwheel. There is no documentation of a trial of TENS or other e-stim machines either at home, in the office, or in physical therapy. Diagnosis is multiple level disc protrusions with lumbar radiculopathy and lumbar facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit times three months:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guides are specific to the use of H-wave. They recommend a one month trial and need a previous trial of TENS to meet criteria for a H-wave trial. There is no documentation that a TENS trial has been done. Also the request for 3 months trial exceeds the one month trial period as in the guides. Failure to meet these two criteria makes the H-wave request not medically necessary.