

<b>Case Number:</b>	CM13-0046361		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 43 year old male who sustained an injury 09/27/2012 to his lower back. He was reportedly moving a boulder when he felt a pop and experienced onset of low back pain and stiffness. Patient was referred to [REDACTED] clinic for evaluation. Prior treatment included prescription medication (Flexeril, Naprosyn, Norco); hot/cold pack, chiropractic treatment, physical therapy and back support. X-ray of the lumbar spine on 11/16/2012 was documented as normal. Diagnostic studies included MRI lumbar spine w/o contrast on 02/27/2013. Impression: L4-L5 small focal central disc protrusion and mild bilateral hypertrophic facet arthropathy, resulting in mild bilateral neural foraminal narrowing and L5-Sa grade 1 anterolisthesis and severe hypertrophic facet arthropathy resulted in mild bilateral neural frontal narrowing. Note dated 09/06/2013 documented patient complained of lumbar pain. Physical exam revealed patient was in no acute distress and mental and emotional status appeared to be within normal limits. Patient is alert, oriented and cooperative. His posture/gait is normal; no kyphosis/scoliosis; no pelvic asymmetry; no difficulty in heel/toe ambulation; no tenderness/spasm. Patient had normal deep tendon reflexes, normal sensation to light touch and pinprick and normal distal pulses. A request was made for a Home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

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

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

**Decision rationale:** The CA MTUS Guidelines state that the H-wave stimulation may be considered for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no documentation of a failed TENS unit trial. Therefore, H-wave device is non-certified.