

<b>Case Number:</b>	CM13-0049165		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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. 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 34-year-old female that reported an injury on 07/26/2011. The mechanism of injury was a lifting injury. The patient was diagnosed with left leg pain possibly secondary to L5-S1 disc protrusion, left SI radiculopathy and post laminectomy syndrome. The patient described intermittent burning low back pain with radiation to the left buttock, left posterior lateral leg and into the left foot and left 2nd and 3rd toes with left leg weakness. The patient reported her pain at a 4/10. The patient reported laying down makes the pain better. Conservative care included 20 sessions of physical therapy which provided minimal relief. The patient does not have a home exercise or stretching program. The patient reported exercise provided minimal relief. The patient had an epidural steroid injection that provided minimal relief before surgery. The patient had an L5-S1 laminectomy on 02/23/2012. The patient was positive for muscle pain and muscle weakness. The patient had decreased range of motion with the low back. The patient also had left low back tenderness. The patient has been treated with physical therapy, epidural steroid injection, and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave trial:** 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 (HWT) Section Page(s): 117.

**Decision rationale:** The California MTUS does not recommend H-wave stimulation as an isolated intervention. A one month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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 and medications, plus transcutaneous electric nerve stimulation. The patient continued to complain of low back pain and left leg pain. However, no objective clinical documentation was submitted for review indicating a failure of conservative treatment. Also, the documentation does not show that the patient is participating in physical therapy or a home exercise program or failure of a TENS. Given the lack of documentation to support guideline criteria, the request is non-certified.