

<b>Case Number:</b>	CM13-0057136		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64 year old male with date of injury of 08/10/2009. The listed diagnoses per [REDACTED] dated 10/21/2013 are: 1. Spinal stenosis 2. Sciatica 3. Low back pain 4. LS Fusion L3-S1 According to progress report dated 10/21/2013 by [REDACTED], the patient presents with lumbar pain, paraspinal spasms and foot numbness. Objective findings show his range of motion has decreased by 50%. His pain and decreased range of motion affects his activities of daily living. The treating physician is requesting a one month rental of H-Wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) month rental of H-Wave unit:** Overturned

**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): 117-118.

**Decision rationale:** This patient presents with back pain and foot numbness. The treating physician is requesting a one month rental of H-Wave unit. Utilization review dated 11/01/2013, denied the request stating that the patient is not suffering from diabetic neuropathy or soft tissue

inflammation, therefore, it is not medically necessary. The medical records reviewed show that this patient has failed conservative care including TENS unit. The patient has had multi-level lumbar fusion and would qualify for "soft-tissue inflammation." Medical Treatment Utilization Schedule (MTUS) Guidelines support one-month H-wave when the patient has failed conservative care and a trial of TENS. Recommendation is for authorization.