

<b>Case Number:</b>	CM13-0059890		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and Rehabilitation, 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 29 year old male who was injured on 4/25/13; he was pushing and moving extremely heavy plates, and felt a pop in the back region. Prior treatment history has included acupuncture, Lodine 400mg, topical muscle rub, and physical therapy; the patient continued to have pain after initial physical therapy. A PR-2 dated 1/15/14 indicated that the patient presented with complaints of active range of motion capabilities and the ability to forward flex to reach towards the floor; however, this was the greatest provocation. The patient did have some discomfort in doing so. He was provided some exercises and stretches for the region. At this point, he needed to begin to move forward in strengthening and normalizing as the pain has reduced as well. The patient was diagnosed with low back strain. A PR-2 dated 12/16/13 documented the patient to have received acupuncture treatments. He reported that his low back pain was slowly improving. His pain level was rated at 4/10; bilateral straight leg raises were negative. He was tender over the bilateral lumbar paraspinal muscle palpations; bilateral lower extremity strength was 5/5 and bilateral patella and ankle reflexes were 2+. The patient was diagnosed with lumbar disk disorder and lumbar strain. The treatment plan stated that the patient will continue acupuncture treatments; continue a home TENS unit; and continue daily home exercise program. An addendum was submitted to the PR-2 dated 11/11/13 which indicated a request for authorization of treatment/DME-H-wave homecare system. It also noted that the patient presented with complaints of pain, exhibits impaired range of motion, and impaired activities of daily living. Initially, recommended care has already been tried which include physical therapy and/or exercise, clinical or home trial of TENS, and medications. A PR-2 dated 10/14/13 stated that the patient indicated an episode of flare-up a week prior, when he twisted his back. His pain remained at 6-7/10. The treatment plan stated that the patient will continue the same medications: Naproxen 550mg and Norco 10/325mg. The doctor's first report of

occupational injury or illness dated 7/9/13 states that the treatment plan was to include chiropractic management along with the use of physiotherapeutic procedures.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HOME H-WAVE DEVICE (30 DAYS RENTAL):** Upheld

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

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

**Decision rationale:** According to the California MTUS guidelines, H-Wave is not recommended as an isolated intervention, but 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 to respond to conventional therapy, including physical therapy, medications, and TENS. According to the PR-2 dated 12/16/13, examination demonstrated that he was tender over the bilateral lumbar paraspinal muscle palpations; bilateral lower extremity strength was 5/5 and bilateral patella and ankle reflexes were 2+. The patient was diagnosed with lumbar disk disorder and lumbar strain. The patient was to continue home TENS unit and other interventions. When re-evaluated on 1/15/14, the PR-2 indicated that the patient presented with complaints of discomfort with active forward flexion. He was provided some exercises and stretches for the region. The report stated the patient needed to begin to move forward in strengthening and normalizing as the pain has reduced as well. The patient was diagnosed with low back strain. He does not have diabetic neuropathy or a chronic inflammatory condition with failure of standard conservative measures. Rental of an H-wave unit is not medically necessary.