

<b>Case Number:</b>	CM14-0003014		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Internal 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 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:

Patient is an injured worker with lumbar sprain and strain. Date of injury was 10-04-2012. Primary treating physician progress report 11-12-2013 was provided. Subjective: Patient is doing well on current regimen, with meds he is able to function, drive, sleep and perform his ADLs. No new complaints. He continues to have low back pain that radiates to bilateral lower extremities. Low back pain with intermittent radiation to b/1 legs. C/o intermittent numbness radiating to b/1 posterior legs to knees. Cause: Working as a welder. Right hand holding welder (65lbs), left hand holding large metal bar, felt sudden pain in low back. Date of injury was 10-04-2012. Physical Examination: Constitutional: Appears comfortable, Converses well. WDWN. no acute distress. Musculoskeletal: Bilateral tenderness and spasms of the L3-S1 paraspinal muscles. Examination of the lumbar Spine shows decreased range of motion. Extension is at 10 degrees; flexion is at 40 degrees; bilateral lateral bending is at 15 degrees; and rotation is at 50 degrees. Gait: Normal heel walk, toe walk, tandem walk. Motor examination is 4/5 and equal in regards to lower extremities, ROM against resistance limited due to pain. No facet tenderness with palpation of the bilateral L4-S1 facets. Awake, alert, oriented, no focal neurological deficits, sensation intact, DTRs WNL. Diagnoses: 1) lumbar radiculopathy, 2) spasm of muscle, 3) low back pain. Treatment plan included: "Continue TENS unit for use in conjunction with home therapy to decrease the back spasms, The patient has used that in therapy and that has helped decrease symptoms. TENS help with sleep. Utilization review dated 12-20-2013 recommended non-certification of the request for H-Wave Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 DAY TRIAL OF H-WAVE UNIT FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on the MTUS Citation: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 12, Low Back Complaints, Page 300, MTUS Chronic Pain Medical Treatment Guidelines, Pages 114-117 Transcutaneous electrotherapy and Non-MTUS: Guideline Title: Low back disorders. Bibliographic Source: Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796.

**Decision rationale:** Medical treatment utilization schedule (MTUS American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states: Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints states that TENS is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that H-wave stimulation (HWT) may be considered - if used as an adjunct to a program of evidence-based functional restoration, and only following failure of conservative care, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. HWT should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. Primary treating physician progress report 11-12-2013 documented diagnoses: 1) lumbar radiculopathy, 2) spasm of muscle, 3) low back pain. Regarding TENS, "the patient has used that in therapy and that has helped decrease symptoms. TENS help with sleep." Patient reported that TENS has helped decreased symptoms and helped with sleep. Thus patient is responsive to TENS. Patient is not unresponsive to TENS. MTUS guidelines requires failure of TENS as a selection criteria for H-wave trial. MTUS guidelines requires enrollment in a functional restoration program for patient considering H-wave trial. There is no documentation of enrollment in functional restoration program. Review of medical records demonstrates that the patient does not satisfy the selection criteria for H-wave trial. The 3rd edition of the ACOEM Occupational medicine practice guidelines: Evaluation and management of common health problems and functional recovery in workers (2011) Table 2 Summary of Recommendations by Low Back Disorder addresses H-wave stimulation. For low back disorders, acute low back pain, subacute low back pain, chronic low back pain, radicular pain syndromes (including sciatica), H-wave stimulation is not recommended. Therefore, the request for 30 DAY TRIAL OF H-WAVE UNIT FOR THE LUMBAR SPINE is Not medically necessary.