

<b>Case Number:</b>	CM14-0010112		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery, Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 injured worker reported a date of injury of 04/08/13. Progress note dated 08/29/13 indicates that diagnoses are lumbar strain and lumbar herniated nucleus pulposus. Note dated 09/26/13 indicates the injured worker has returned to full duty work. Treatment to this time consisted of physical therapy and medication management. Note dated 10/24/13 indicates that the injured worker continues to complain of low back pain rated as 7/10. Note dated 12/19/13 indicates a recent flare-up of lumbar strain. The injured worker reportedly underwent a trial of Transcutaneous Electrical Nerve Stimulation (TENS) which did not provide any relief. H-wave report dated 01/08/14 indicates the unit helped the injured worker decrease medication usage and decreased pain by 50%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** There is no current, detailed physical examination submitted for review as the most recent exam provided is dated December 2013. There are no specific, time-limited treatment goals provided as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines, and no indication that the unit will be used in conjunction with a program of evidence-based functional restoration. Therefore, the request for H-Wave is not medically necessary and appropriate.