

<b>Case Number:</b>	CM14-0113853		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Occupational 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:

This patient is a 46 year old female who developed persistent low back pain after a lifting incident on 5/26/13. Initially she was described to have a radiculopathy affecting the right leg, but over time this discontinued. She has had MRI testing which showed multilevel disc disease without foraminal stenosis. She has been treated with physical therapy, chiropractic care, SI joint injections and epidural injections without significant benefit. There is mention of a 1 time trial of a TENS unit, but there is no documentation of exactly when, where and what circumstances this was trialed. There is also mention of an H-wave trial, but there is no documentation of when, where and under what circumstances this was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave trial to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave therapy Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** MTUS Guidelines are very specific regarding the conditions to support a 30 day trial of an H-wave unit. One of the conditions is that prior to an H-wave trial there should be

good evidence of an adequate TENS trial. This evidence is lacking as no 30 day or reasonable trial of a TENS unit is clearly documented. Under these circumstances, Guidelines do not support an H-wave unit, it is not medically necessary.