

<b>Case Number:</b>	CM14-0131916		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 is a 48 year old male who was injured on September 2, 2003 due to a slip and fall. The diagnoses listed as sprain of neck. The most recent progress notes dated 7/1/2014 and 11/25/13, reveals complaints of low back pain with radiation to the posterior thighs with occasional tingling, mid back pain, sleep difficulty due to chronic pain, cervicogenic headaches when the neck pain is intense. Physical examination findings revealed decreased sensation to light touch in the L5 dermatomal distribution of the left lower extremity , restricted lumbar range of motion by 60 to 70 percent with a positive straight leg raising test at 70 degrees on the left side, cervical spine reveals paracervical muscles showed slight spasm with moderate swelling and tenderness, more on the right than the left, range of motion flexion 80 percent normal, extension 70 percent normal, right lateral flexion 80 percent, left lateral flexion 60 percent, and Spurling's sign is negative this visit. Pain is rated a 5 out of 10 on visual analog scale (VAS) scores. Use of H wave unit provided effective pain control. Prior treatment includes medications, H wave therapy, and diagnostic studies. A prior utilization review determination dated 7/21/14 resulted in denial of H wave unit supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 H-Wave Unit Supplies between 7/18/2014 and 9/1/2014: Upheld**

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

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

**Decision rationale:** This is a 48 year old male injured worker with chronic low back pain with radicular symptoms. The office note of 7/1/14 and 11/23/13 documents the claimant remains on Vicoprofen 7.5mg and Soma 350mg. The office notes are the same for active range of motion (AROM) and medication usage. There is no objective evidence of the efficacy of H wave unit such as, decreased opioids usage, increased functionality or release to full duty to warrant continuation of the H wave unit as requested. Therefore, the request is not medically necessary.