MAXIMUS Federal Services

| Case Number: | CM14-0023232 | | |
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| Date Assigned: | 05/14/2014 | Date of Injury: | 03/18/2010 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

## 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:

9/6/13 progress report indicates increased low back pain over the past 6 days. Physical exam demonstrates difficulty walking, lumbar paraspinous tenderness, limited lumbar range of motion, muscle spasms, and antalgic gait. Lumbar x-rays demonstrate disk collapse at L5-S1 and L2-3.Treatment to date has included trigger point injections, medication, and activity modification. The patient has also had a Toradol injection IM. It is stated that the patient has used a TENS unit in the past, but it was not effective for him.11/27/13 progress report indicates persistent and increased low back pain. Physical exam demonstrates restricted lumbar range of motion and tenderness. 1/8/14 progress report indicates low back and bilateral leg pain, described as worsening. Physical exam demonstrates difficulty walking, restricted lumbar range of motion, positive straight leg raise test, decreased sensation in the bilateral L5 and S1 dermatomes.2/19/14 progress report indicates persistent low back pain and difficulty with prolonged activity, aquatic therapy has resulted in progress with respect to strength and range of motion. The patient is using H-wave on a regular basis, it does help to reduce his myospasms as well as his need for pain medications.There is documentation of a previous 1/30/14 adverse determination for lack of failure of TENS trial.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: PURCHASE/INDEFINITE USE OF A HOME H-WAVE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (Hwt) Page(s): 117-118.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, specific documentation of failure of a TENS trial was not provided. There were no outcome measures in terms of objective functional improvement, or lack thereof, with previous TENS use; and how often or when the unit was used. It is also noted that the patient has already used the H-wave unit; however, specific outcome reports in terms of quantitative response, degree of reduction in medication intake or increase in functional abilities were not provided. Lastly, the patient was recently noted to be improving with strength and ROM with aquatic therapy. Therefore, the request for DME: PURCHASE/INDEFINITE USE OF A HOME H-WAVE UNIT was not medically necessary.