

<b>Case Number:</b>	CM14-0039265		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine 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 60 year old male who reported an injury to his low back on 07/24/12, while helping a bedridden resident resulting in low back pain. The clinical note dated 12/19/13 indicates the injured worker having previously undergone a trial of a TENS unit which provided no significant benefit. The clinical note dated 02/24/14 indicates the injured worker having undergone the use of an H-wave unit which did provide subjective improvements. The injured worker stated the unit had relaxed his back and side muscles. The utilization review dated 03/20/14 resulted in a denial for the use of an H-wave unit as insufficient information had been submitted regarding the injured worker continuing with active participation in a home exercise program and a lack of objective evidence regarding the injured worker's use of the H-wave unit during a trial was submitted. The operative note dated 10/01/13 indicates the injured worker having undergone a facet injection at L3-4, L4-5, and L5-S1 as well as an epidural steroid injection at L5-S1 under fluoroscopic guidance. The procedural note dated 07/23/13 indicates the injured worker undergoing a selective nerve root block on the right at L5 and an epidural steroid injection at L5-S1. The clinical note dated 02/28/14 indicates the injured worker continuing with complaints of low back pain; with radiating pain into the right lower extremity all the way to the lateral region of the calf. The injured worker also reported an increase in pain at the lateral malleolus at that time. A decreased sensation was also identified at the right lateral calf region. The clinical note dated 12/19/13 indicates the injured worker continuing with an exercise regimen addressing the lumbar complaints. The injured worker was recommended for an H-wave and TENs unit trial. The clinical note dated 07/30/13 indicates the injured worker responding appropriately to a lumbar epidural steroid injection. The injured worker reported an eradication of right lower extremity pain at that time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-wave home device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-8.

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing low back pain despite a number of previous injections. The clinical notes also indicate the injured worker having undergone a trial of an H-wave unit to address the low back complaints. The injured worker has made subjective statements regarding an improvement through the use of the H-wave unit. However, no information was submitted regarding the injured worker's ongoing therapeutic interventions to address the low back complaints in addition to the use of the H-wave unit. Additionally, no objective data was submitted regarding the injured worker's response to the H-wave trial. Due to above stated factors the request is deemed indicated as not medically necessary.