

<b>Case Number:</b>	CM14-0060855		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Neurological Surgery 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:

The injured worker is a 41-year-old gentleman who was reportedly injured on June 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 18, 2014, indicates that there are ongoing complaints of intermittent low back pain. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles, left gluteus maximus, left hamstring, and the left SI joint. There was decreased lumbar spine range of motion and a positive straight leg raise test. Diagnostic imaging studies were not available for review. Previous treatment includes an H wave unit and a transcutaneous electrical nerve stimulation unit. A request was made for an H wave unit for purchase for the lumbar spine and was not certified in the pre-authorization process on April 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave purchase lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). According to the medical records provided it is unclear if the injured employee has completed a one-month trial of an H wave unit or what the results of this trial were. It is also unclear if there has been previous participation and failure with physical therapy. For these reasons, this request for an H wave purchase for the lumbar spine is not medically necessary.