

<b>Case Number:</b>	CM14-0061002		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	09/05/2014	<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 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 is a 43-year-old male with a 4/21/11 date of injury. The mechanism of injury was when he was climbing down a ladder on a tanker truck, when he slipped and fell to the ground. According to the most recent progress report provided, dated 3/27/14, the patient continued to report numbness of his bilateral upper extremities, and aching/stabbing in his low back and aching over his anterior and lateral thighs. His pain is unchanged since his last visit. He rated his pain an 8/10 on the VAS (visual analog scale). His pain is better with physical therapy. Objective findings: 5/5 bilateral lower extremity strength, sensation of lumbar spine intact and equal, deep tendon reflexes are +2 and symmetric, tenderness over the paraspinals, increased pain with flexion and extension. Diagnostic impression: cubital tunnel; carpal tunnel syndrome; pain in thoracic spine; disturbance of skin sensation; thoracic or lumbosacral neuritis or radiculitis; spinal stenosis, lumbar region, without neurogenic claudication; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; facet arthropathy, lumbar L5-S1; insomnia due to medical condition. Treatment to date: medication management, activity modification, TENS unit, aquatherapy, and surgery. A UR decision dated 7/9/14 denied the request for H-Wave trial for 30 days. Regarding H-Wave trial, in this case, there is no indication that this requested modality will be used together with an adjunct rehabilitation program. Additionally, considering the date of injury, the claimant is expected to be well-versed in independent home-based exercise program by now to address symptomatic complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE TRAIL FOR 30 DAYS:** Upheld

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

**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). Regarding H-Wave trial, there is documentation of a failed trial with his TENS unit, however, the patient recently completed aqua therapy and stated that it was helpful in reducing pain. Therefore, the request for H Wave Trial for 30 days is not medically necessary.