

<b>Case Number:</b>	CM14-0066320		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/30/1998
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64-year-old individual was reportedly injured on 12/30/1998. After a thorough review of the medical record available, the mechanism of injury was not made evident. The previous utilization review referenced a progress report dated 2/20/2014; however, that progress note was not provided for this independent medical review. The reviewer indicated that the progress note documented a lumbar spine injury in 1998, and the claimant used a walker for ambulation due to leg weakness. No recent diagnostic imaging studies available for review. A request had been made for TENS or H-Wave unit for lumbar spine, which was non-certified in the utilization review on 4/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS or H-Wave Unit Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS), H-Wave stimulation (HWT). Decision based on Non-MTUS Citation Official Disability Guidelines: TENS (Chronic pain), H-Wave

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

**Decision rationale:** MTUS treatment guidelines will support a one-month HWT (H-Wave Stimulation), and/or TENS unit as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy and medications. The claimant appears to suffer from leg weakness after a work-related injury in 1998; however, there was only one PR-2 provided to review. Given the lack of clinical documentation, this request is not considered medically necessary.