

<b>Case Number:</b>	CM14-0185376		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 22-year-old male with an injury date of 02/22/13. Based on the 07/31/14 progress report, the patient complains of achy upper/mid back pain, and throbbing and piercing low back pain radiating to the right leg with numbness and tingling. Physical examination to thoracic spine revealed tenderness and spasm of the bilateral trapezial and thoracic paravertebral muscles, and limited range of motion. Examination of the lumbar spine revealed tenderness and spasm to the lumbar paravertebral muscles, and limited range of motion. Straight leg raise was positive. The 05/13/14 report indicated that the patient went through extensive conservative care including physical and manipulative therapy, acupuncture, injections and prescribed medications. Per treater report dated 04/30/14, the patient had Extracorporeal Shockwave Therapy treatment. According to the 03/27/14 progress report, patient stated that physiotherapy had not resolved his pain, and that 7 sessions of chiropractic temporarily helped. Patient was previously authorized for a trial of epidural steroid injection, but he did not undergo procedure per 03/14/14 progress report. The patient is temporarily totally disabled. Diagnostic study- MRI of the Lumbar Spine 05/24/13: 3.5mm central paracentral disc protrusion at L5-S1, contact with right S1 nerve root, per 01/24/14 progress report Diagnosis 07/31/14- Sprain Thoracic Region- Myalgia And Myositis NOS- Lumbar Disc Displacement- Sciatica The request is for H-WAVE UNIT. The utilization review determination being challenged is dated 10/07/14. The rationale is "...There are no pre/post lumbar range of motion measurements. There is no evidence of a decrease in medication usage or an increase in activities of daily living...There is no discussion that the claimant is currently participating in a functional restoration program." Treatment reports were provided from 11/05/13 - 07/31/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The patient presents with achy upper/mid back pain, and throbbing and piercing low back pain radiating to the right leg with numbness and tingling. The request is for H-WAVE UNIT. Patient's diagnosis dated 07/31/14 included sprain thoracic region, myalgia and myositis, lumbar disc displacement, and sciatica. Per progress report dated 05/13/14, patient went through extensive conservative care including physical and manipulating therapy, acupuncture, injections and prescribed medications. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Prior TENS unit failure is required as well. In this case, the request is for a purchase. There is no evidence that a 30-day trial has been successful. There is no documentation that the patient has failed prior TENS unit. Treatment is not medically necessary and appropriate.