

<b>Case Number:</b>	CM14-0199749		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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:

The patient is an injured worker who is status post lumbar spine surgery. Date of injury was September 22, 2010. Regarding the mechanism of injury, the patient was trying to mount a plastic barrel on a cart, when it slipped and he hurt his back. The patient is status post lumbar spine surgery performed on July 30, 2014. Utilization review letter dated October 24, 2011 noted that H-Wave system was non-certified. A letter from Electronic Waveform Lab Inc dated May 8, 2014 documented that an H-wave unit was prescribed to the patient. The primary treating physician's progress report dated September 8, 2014 documented subjective complaints of low back pain. The patient is participating in physical therapy. Medications included Oxycodone, Hydrocodone, and Lyrica. Objective findings were documented. Mood and affect are appropriate. The patient is able to perform toe walking, perform heel walking, and perform tandem gait and normal gait. Cardiovascular was normal. No peripheral edema was noted. Lumbar spine inspection demonstrated no ecchymosis or swelling and normal alignment. Palpation of the lumbar spine demonstrated no tenderness. Palpation of the hip demonstrated no tenderness. Motor strength was 5/5 in bilateral lower extremities. Diagnosis included degeneration of lumbar intervertebral disc and spinal stenosis of lumbar region sciatica. Treatment plan included a prescription of Norco. Utilization review determination date was November 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective electrodes per pair, conductive past or gel (DOS: 10/6/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, 333-796, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy and H-wave stimulation. MTUS Chronic Pain Medical Treatment Guidelines state that H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 308-310) states that TENS is not recommended. ACOEM Chapter 12 (page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition (2011) states that H-wave stimulation is not recommended for low back disorders. Medical records documented that lumbar spine surgery was performed on July 30, 2014. Utilization review letter dated October 24, 2011 noted that H-Wave system was non-certified. The primary treating physician's progress report dated September 8, 2014 documented a physical examination of the lumbar spine. Lumbar spine inspection demonstrated no ecchymosis or swelling and normal alignment. No tenderness was demonstrated upon palpation of the lumbar spine. Motor strength was 5/5 in bilateral lower extremities. Medical records do not document enrollment in a functional restoration program (FRP), which is a MTUS requirement for H-wave. Medical records do not document failure of conservative care, including medications. Medical records do not document failure of transcutaneous electrical nerve stimulation (TENS). ACOEM 3rd edition (2011) states that H-wave stimulation is not recommended for low back disorders. MTUS and ACOEM guidelines do not support the medical necessity of H-wave for low back disorders. The request for electrodes and conductive paste and gel is not supported by MTUS and ACOEM guidelines. Therefore, the request for electrodes per pair, conductive paste or gel (DOS: 10/6/14) is not medically necessary.