

<b>Case Number:</b>	CM14-0205020		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Maryland. 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 employee was a 55 year old woman who sustained a work place injury on 03/29/12 while performing her duty as a laundry attendant. Her primary complaint was low back pain. Her lumbar spine MRI showed L4-5 moderate to severe disc degeneration with broad based posterior disc protrusion about 5mm, with moderate right L4-5 foraminal encroachment and potential impingement of the exiting L4 nerves, right greater than left. At L5-S1 there was a 2mm right greater than left disc protrusion with moderate bilateral facet joint arthropathy. EMG showed bilateral L4 and L5 radiculopathy, right greater than left. Her prior treatment has included lumbar spine ESI, physical therapy and medications. Her progress note from 07/01/14 was reviewed. Her complaints included low back pain with radiation into the lower extremities. Pertinent examination findings included reduced range of motion of lumbar spine and muscle spasm with decreased sensation in the L5-S1 distribution right greater than left. Diagnoses included lumbar discopathy, lumbar radiculopathy and lumbosacral musculoligamentous injury. She was not working. The request was for H wave unit supplies, electrodes and gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective H-wave electrodes and conductive paste/gel for the lumbar spine for date of service 09/26/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave therapy Page(s): 117.

**Decision rationale:** The employee was a 55 year old woman who sustained a work place injury on 03/29/12 while performing her duty as a laundry attendant. Her primary complaint was low back pain. Her lumbar spine MRI showed L4-5 moderate to severe disc degeneration with broad based posterior disc protrusion about 5mm, with moderate right L4-5 foraminal encroachment and potential impingement of the exiting L4 nerves, right greater than left. At L5-S1 there was a 2mm right greater than left disc protrusion with moderate bilateral facet joint arthropathy. EMG showed bilateral L4 and L5 radiculopathy, right greater than left. Her prior treatment has included lumbar spine ESI, physical therapy and medications. Her progress note from 07/01/14 was reviewed. Her complaints included low back pain with radiation into the lower extremities. Pertinent examination findings included reduced range of motion of lumbar spine and muscle spasm with decreased sensation in the L5-S1 distribution right greater than left. Diagnoses included lumbar discopathy, lumbar radiculopathy and lumbosacral musculoligamentous injury. She was not working. The request was for H wave unit supplies, electrodes and gel. According to Chronic Pain Medical Treatment guidelines, one month trial of H wave stimulation is recommended for diabetic neuropathy and chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following a failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS. The employee had failed conservative care and had not used TENS. In addition it is not clear whether the H wave supplies were being requested for a one month trial or for long term treatment. Given the lack of information, the request for supplies including electrodes and conductive gel for H wave therapy are not medically necessary or appropriate.