

<b>Case Number:</b>	CM15-0192337		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/23/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 57 year old female who sustained an industrial injury on 01-23-2011. According to a progress report dated 08-12-2015, the injured worker wanted to discuss getting off of Norco. She had problems with severe constipation. She reported that she tolerated Tramadol "well" previously. She had a TENS unit that was "becoming less effective" in managing her pain. The provider noted that the injured worker did get response from an H-Wave unit while done only at physical therapy. She continued to struggle with severe pain that was rated 7.5 on a scale of 0-10. Physical therapy had been requested several months ago and had been on hold. Gait was antalgic favoring the left. She had obvious weakness with left dorsiflexion and EHL. Seated straight leg raise and left was positive causing discomfort down the left leg. Pain in the lower back and tenderness through the buttock was noted. Limited range of motion flexion extension was noted. Diagnoses included displaced lumbar intervertebral disc and postlaminectomy syndrome lumbar region. The treatment plan included Tramadol 50 mg and tapering Norco. She was to return in 6 weeks for a follow up. An authorization request dated 08-13-2015 was submitted for review. The requested services included H-Wave 60 day trial. On 09-14-2015, Utilization Review non-certified the request for H wave for low back 60 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H wave for low back 60 day trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did have a prior TENS unite and brief use of an H-wave unit as above. There is however radicular findings in which case an H-wave is not necessary. One-month trial may be appropriate but 60 days trial exceeds the guidelines recommendations and the H-wave unit is not medically necessary.