

<b>Case Number:</b>	CM15-0197741		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/24/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 8-24-2015. The injured worker is being treated for lumbar sprain-strain and spasm. Treatment to date has included diagnostics, medications, chiropractic care, work restrictions and back support. Per the Doctor's First Report of Injury dated 8-27-2015 the injured worker reported pain and tightness of the lumbar spine. Objective findings included spasms and tenderness of the thoracolumbar spine with restricted range of motion. X-rays of the lumbar spine were read by the provider as "normal." Work status was modified. The plan of care included medications and chiropractic care. On 9-17-2015, he reported low back pain with radiation to the lower extremities and physical therapy and a home H wave unit was recommended. Authorization was requested for one home H-wave unit and 8 sessions of physical therapy. On 10-01-2015, Utilization Review non-certified the request for home H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave unit, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury with date of injury in August 2015 and is being treated for low back pain after moving boxes while arresting a suspect in June 2015. On 08/27/15, chiropractic treatments were requested. When seen by the requesting provider, treatment is reported as having included medications which had caused stomach upset and physical therapy which was discontinued. He was having low back pain radiating to the legs. Physical examination findings included mild tenderness with spasms. There was decreased lumbar range of motion. Straight leg raising produced low back pain. There was decreased lower extremity sensation. Physical therapy and a home H-wave unit were requested. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has not failed conservative treatments including physical therapy and, if needed, TENS. An H-wave unit is not medically necessary.