

<b>Case Number:</b>	CM15-0225641		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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:

This injured worker is a 47-year-old male who reported an industrial injury on 2-26-2015. His diagnoses, and or impressions, were noted to include: lumbar disc disease and facet syndrome with radiculopathy; right sacroiliac joint sprain-strain; and intractable low back pain. No imaging studies were noted. His treatments were noted to include: an agreed medical evaluation and an impairment rating (7-30-15); bilateral multi-lumbar transforaminal epidural injections on (6-27-15); right sacroiliac joint injection (9-26-15); a home exercise program; medication management with toxicology studies (4-23-15, 5-6-15, 6-4-15, 9-24-15 & 10-15-15); and modified work duties. The progress notes of 10-15-2015 reported: unchanged lumbar and right sacroiliac joint pain, rated 7-8 out of 10, since his last visit on 9-24-2015; and he admitted to an approximate 50-60% relief, with decreased radicular and sciatic-type symptoms, from the right sacroiliac joint injection on 9-26-2015. The objective findings were noted to include: no acute distress; an antalgic gait on the right, with an exacerbation from heel-toe walking; diffuse lumbar paraspinous muscle tenderness, without spasm, and with moderate lumbosacral facet tenderness; positive right piriformis and sacroiliac tenderness, with positive Fabere's and Patrick's tests; positive bilateral Kemp's and left straight leg raise tests; positive bilateral Farfan test; decreased bilateral lumbar flexion-extension; and mild hypersensitivity over the bilateral calves with pain in the right knee joint line, with decreased left knee reflex. The physician's requests for treatment were noted to include the recommendation for him to be provided with an H-wave unit, 30-day trial for home use, in an effort to reduce spasms to the lumbar para-vertebral muscles, and to decrease sciatic-type symptoms. The Request for Authorization, dated 11-2-2015, was noted

for an H-wave unit, 30-day trial for home use. The Utilization Review of 11-6- 2015 non-certified the request for a 40-day home H-wave unit trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H-wave unit for home use, 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in February 2015 and is being treated for low back pain and lumbar radiculopathy. His injury occurred when, while driving a tractor, the tractor stopped suddenly with tightening of the seat belt around his waist and low back. In May 2015 and June 2015 bilateral lumbar transforaminal epidural injections were done. He had 50% improvement after the first injection and after second injection was no longer having right lower extremity pain or left-sided low back pain. A right sacroiliac joint injection was done in September 2015. When seen in October 2015 there had been a 50% improvement after the injection. He had complaints of lumbar spine and right sacroiliac joint pain with pain rated at 7-8/10. Physical examination findings included body mass index over 30. He had a right antalgic gait. There was diffuse paraspinal muscle tenderness with spasms. There was moderate multilevel lumbar facet tenderness. He had right piriformis tenderness and sacroiliac joint tenderness. Fabere testing was positive on the right side. Kemp's and Farfan testing was positive bilaterally. Straight leg raising was to 66-70 degrees. There was decreased lumbar spine range of motion. He had right knee joint line pain and there was mild calf hypersensitivity bilaterally. Medications were refilled. A continued home exercise program was encouraged. Authorization for a 30-day trial of H-wave use was 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, there is no evidence of a prior formal one-month home based trial of TENS including how often the unit was used as well as comparative outcomes in terms of pain relief, medication use, and functional benefit. For this reason, an H-wave trial is not considered medically necessary.