

<b>Case Number:</b>	CM15-0087242		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/26/2004
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 40 year old male, who sustained an industrial injury on 11/26/2004. On provider visit dated 03/23/2015 the injured worker has reported neck pain and lower back pain, insomnia associated with ongoing pain, and right buttocks pain. On examination the lumbar examination was noted to have L2-S1 spasm in the paraspinous musculature. Tenderness was noted upon palpation into the bilateral paravertebral area L4-S1 levels. Range of motion of the lumbar spine was noted as moderately to severely limited. Pain was signification increased with flexion and extension. Straight leg raise was noted as positive bilaterally and lower extremity examination was noted as bilateral plantar fascial tenderness. On provider visits 04/08/2015 the injured workers diagnoses have included cervical, thoracic, and lumbar strain, myofascial pain syndrome and lumbar spine degenerative disc disease. Treatment to date has included injections, home exercise program and medication. The provider requested purchase of H wave for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117.

**Decision rationale:** The claimant sustained a work injury in November 2004 and continued to be treated for chronic spine pain. When seen, an epidural injection had helped. Physical examination findings included decreased and painful spinal range of motion. There were lumbar paraspinal muscle spasms with positive straight leg raising and right lower extremity weakness with decreased sensation. There was right knee tenderness and crepitus and pain with range of motion. Recommendations included a continued home exercise program and an H- Wave Unit for the lumbar spine. 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. In this case, the claimant has not undergone a trial of H-wave stimulation and therefore purchase of an H-Wave unit is not medically necessary.