

<b>Case Number:</b>	CM13-0045943		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 08/18/03. He was seen for an orthopedic QME in 2006 and 2007 and had been found permanent and stationary as of August 2004. Further surgery had not been recommended. He was seen for an AME in June 2008 and there is reference to an increased risk of bowel obstruction due to adhesive related to a colon perforation and surgeries. He was seen by the requesting provider on 02/13/13 for follow-up of low back, lower thoracic and abdominal pain. Pain was rated at 8/10 and increased with activities. Medications are referenced as helping with pain and he was requesting refills. Physical examination findings included lumbar paraspinal muscle spasms and stiffness with an antalgic gait favoring the right lower extremity. Hydrocodone/acetaminophen 10/325 mg #60 for breakthrough pain and Voltaren gel were prescribed. Diagnoses were chronic low back pain, bilateral sacroiliitis, right lumbosacral radiculopathy, and lumbar facet arthritis. On 05/31/13 pain was rated at 6-7/10. There had been allergic skin reactions with Lidoderm and Flector. On 07/12/13 authorization was requested for two-three random drug urine screens for monitoring. On 08/23/13 he was having ongoing lower thoracic and lumbar pain. Physical examination findings included thoracic and lumbar paraspinal muscle spasms with tightness and an antalgic gait. There was lumbar spine facet joint tenderness. Hydrocodone/acetaminophen 10/325 mg #120, tizanidine 4 mg #30 were prescribed and authorization for therapy was requested. On 09/27/13 pain was rated at 7/10. He was using TENS and wanted to undergo an H-wave trial. He had lumbar paraspinal muscle spasms and stiffness with an antalgic gait. There was low back pain with straight leg raising. He had right paraspinal muscle dysesthesias. Medications were refilled. A one-month trial of an H-wave unit was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Month trial of H-Wave unit for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back, thoracic, and abdominal pain. He has thoracic and lumbar paraspinal muscle spasms and currently uses TENS with benefit. Although H-wave stimulation is not recommended as an isolated intervention, a one-month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant is being treated for chronic pain with benefit from using TENS. Whether H-wave stimulation could be more effective would require a trial of use and therefore the requested one month trial is medically necessary.