

<b>Case Number:</b>	CM14-0212480		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 46-year-old female with 3/12/12 date of industrial injury. Her injury occurred while transferring a client from bed to porta-potty where she sustained injury to her neck, shoulder and back. The records indicate she underwent cervical interbody fusion with hardware from C3-C7 on 10/19/12. Records also indicate she had lumbar decompression of the L4-5 and L5-S1 segment, medial facetectomies bilaterally of the L4-5 and L5-S1 segments, and release of nerve roots of L4, L5 and S1 bilaterally on 10/28/14. Records indicate she also had segmental arthrodesis with transpedicular fixation spanning from L4 to S1 to secure the L4-L5 and L5-S1 segments. She has used an H-Wave device with physical therapist with excellent relief of pain. Medications include Ibuprofen, Norco, and Percocet. The 10/23/14 (78) attending physician report indicates the patient is scheduled for an L4-5, L5-S1 anterior discectomy and fusion and L4-5, L5-S1 posterior laminectomy and fusion on October 28, 2014. She has a history of laminectomy and cervical fusion. She has complaints of progressively worsening lumbar pain with bilateral radiculopathy. Her legs give out causing her to fall. She has also suffered urinary urgency and occasional incontinence. Physical exam revealed Range of motion and muscle strength is normal. The lumbar spine is without tenderness. Nerve tension signs are absent. The current diagnoses are: 1. Thoracic/lumbosacral neuritis un-specified 2. Spinal stenosis, Limb with neurogenic claudication 3. Postlaminectomy syndrome 4. Acquired spondylolisthesis 5. Degeneration lumbar intervertebral disc 6. Spinal stenosis cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE electrodes QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-118.

**Decision rationale:** The patient is status-post L4-S1 fusion on 10/28/14 with persistent low back pain and bilateral radiculopathy. The current request is for H-Wave electrodes QTY : 1. According to MTUS guidelines with respect to H-Wave stimulation, it states "Not recommended as an isolated intervention, but a one-month trial of H-Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)....". One month trial should be performed to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient is status-post surgery lumbar fusion 10/28/14 and in her initial phase of rehabilitation. Guidelines state that H-wave is not recommended as an isolated intervention. As the patient has not completed her rehabilitation, and there is no documentation regarding functional benefit with H-wave, the request for additional electrodes does not seem to be supported by the guidelines. As such, recommendation is for denial.

**Conductive gel or paste QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-118.

**Decision rationale:** The patient is status-post L4-S1 fusion on 10/28/14 with persistent low back pain and bilateral radiculopathy. The current request is for conductive gel or paste QTY 1. According to MTUS guidelines with respect to H-Wave stimulation, it states "Not recommended as an isolated intervention, but a one-month trial of H-Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)....". One month trial should be performed to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and

function. In this case, the patient is status-post surgery lumbar fusion 10/28/14 and in her initial phase of rehabilitation. Guidelines state that H-wave is not recommended as an isolated intervention. As the patient has not completed her rehabilitation, and there is no documentation regarding functional benefit with H-wave, the request for additional conductive gel does not seem to be supported by the guidelines. As such, recommendation is for denial.

