

<b>Case Number:</b>	CM15-0019647		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 59-year-old male patient who sustained an industrial injury on June 25, 2012. The diagnoses include lumbar disc degenerative disease, low back syndrome, lumbar stenosis, and post laminectomy syndrome. Per the doctor's note dated 11/11/2014, he has reported low back pain. Physical examination of the lumbar spine revealed a well healed incisional scar, positive Straight leg raise on the left side only, tenderness to palpation with light to moderate palpation at the left paraspinous region L4-5, L5-S1, mid-line muscle tenderness and paralumbar tenderness, limited lumbar range of motion with pain elicited in all directions, flexion and extension limited to about 20-30 degrees. The medications list includes norco, atorvastatin, losartan and levothyroxine. He has undergone multiple lumbar surgeries. He has had injections and physical therapy for this injury. Per the records provided patient has trial of H-wave unit from 10/23/2014 to 12/3/2014. The treatment request included a H-wave for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an H-wave stimulator for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 117- 118 H-wave stimulation (HWT).

**Decision rationale:** Purchase of an H-wave stimulator for the lumbar spine. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive 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)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. In addition, patient has trial of H-wave unit from 10/23/2014 to 12/3/2014. Response to H-wave trial in terms of objective functional improvement and decreased medicine need is not specified in the records provided. The medical necessity of Purchase of an H-wave stimulator for the lumbar spine is not fully established for this patient at this juncture. The request is not medically necessary.