

<b>Case Number:</b>	CM15-0112895		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California  
Certification(s)/Specialty: Emergency Medicine

### 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 45-year-old female, who sustained an industrial injury on 9/22/06. She reported back pain with radiation to the lower extremities. The injured worker was diagnosed as having chronic low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5-S1 radiculitis, lumbar myofascial pain syndrome, and chronic pain syndrome. Treatment to date has included physical therapy, a home exercise program, lumbar epidural injections, trigger point injections, TENS, and medication including Tramadol, Flexeril, Lyrica, and Motrin. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. The treating physician requested authorization for a 1 month trial of H-wave unit.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

**Decision rationale:** The requested 1 Month Trial of H-Wave unit is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave 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)." The injured worker has low back pain with radiation to bilateral lower extremities. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, 1 Month Trial of H-Wave unit is not medically necessary.