

<b>Case Number:</b>	CM15-0175626		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Preventive Medicine, Occupational 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 was a 53 year old female, who sustained an industrial injury, March 21, 2014. According to progress note of July 22, 2015, the injured worker's chief complaint was low back pain with debilitating radicular symptoms in both lower extremities. The injured worker was experiencing increase burning and numbness sensation in both feet. The injured worker rated the pain at 9 out of 10 in intensity. The physical exam noted there was tenderness of the posterior lumbar musculature revealed tenderness with palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. There was much more pain with extension or facet loading. There was decreased range of motion in all planes of the lumbar spine. The deep tendon reflexes were diminished in the Patella and Achilles tendon bilaterally 2 out of 4. There was decreased sensation with Wartenberg pinwheel along the posterior lateral thigh and posterior lateral calf in approximate the L5-S1 distribution bilaterally. The straight leg raises in the modified sitting position was positive at 60 degrees causing radicular symptoms in both lower extremities. The injured worker was undergoing treatment for lumbar disc protrusion with bilateral lower extremity radiculopathy, lumbar IVD syndrome, cervical spine strain and or sprain and left shoulder internal derangement and medication induced gastritis. The injured worker previously received the following treatments current medications of Norco, Anaprox, Prilosec, Fexmid, the injured worker was unable to receive the Topamax, Soma and Neurontin were discontinued, the injured worker had an lumbar epidural injection in January 8, 2015 which 60% relief in pain was achieved, however the relief only lasted 6 weeks; lumbar spine MRI which showed 3.8mm disc herniation at the L4-L5 with bilateral neural foramen narrowing; EMG and NCS (electrodiagnostic studies and nerve

conduction studies) of the bilateral lower extremities was normal, epidural steroid injections at the left and right L5-S1 on July 23, 2015, 4 trigger point injections, physical therapy, stretching and home exercise program. The UR (utilization review board) denied certification on August 7, 2015: for the lack of documentation of the injured worker medication list with examples of decreased medication use, as well as objective examination findings establishing the medical necessity for the requested H-wave. Therefore, the purchase for the H-wave device order was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home H-wave device purchase for the low back #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS Guidelines recommend very specific standards to support the purchase or long-term use of an H-wave device. These standards include a prior unsuccessful trial of a TENS unit and a prior 30 day home trial that demonstrated pain relief, functional improvements and diminished utilization of other treatment. These standards have not been met and there are no unusual circumstances to justify an exception to Guidelines. The Home H-wave device purchase for the low back #1 is not supported by Guidelines and is not medically necessary.