

<b>Case Number:</b>	CM15-0177614		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male, who sustained an industrial injury on 11-2-2004. Medical records indicate the worker is undergoing treatment for cervical spine fusion in 2006, neck pain, cervical and lumbar degenerative disc disease, cervical spinal stenosis, low back pain and chronic pain syndrome. A recent progress report dated 8-18-2015, reported the injured worker complained of neck pain radiating to the left hand and muscles spasms in the neck and low back, low back pain radiating to the left thigh rated 9 out of 10 without medications and 3-4 out of 10 with medications. Physical examination revealed cervical and lumbar paraspinal tightness with a left positive straight leg raise. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. The physician is requesting a one month trial for an H wave unit due to failed physical therapy and failed TENS (transcutaneous electrical nerve stimulation) unit. On 8-28-2015, the Utilization Review noncertified the request for a one month trial for an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month trial of H-wave unit:** Overturned

**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:** The claimant has a remote history of a repetitive motion work injury while working as a forklift driver with date of injury in November 2004. He was seen by the requesting provider on 08/18/15. He was having neck pain with radiating symptoms into the left hand and neck and low back muscle spasms. He was having radiating low back pain with numbness in his left foot. Physical examination findings included a body mass index of 29. There was decreased cervical spine range of motion with cervical and lumbar paraspinal muscle tightness. Left straight leg raising was positive. Authorization is being requested for a trial of H-wave use. Prior treatments referenced as having failed are physical therapy and TENS. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has failed prior treatments. He has had physical therapy and would be expected to use the unit as an adjunct to a home exercise program. The requested one-month trial is medically necessary.