

<b>Case Number:</b>	CM13-0003632		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/10/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old male who reported an injury on 04/10/2010. The patient was reportedly pulling pallets on a pallet jack when he experienced a pop in his upper back with pain in the upper back and shoulders. The patient is currently diagnosed with lumbago. There are 2 separate requests for authorization forms submitted by [REDACTED] on 03/08/2013 as well as 05/29/2013 for the use of a EWL H-Wave home care system. The latest Primary Treating Physician's Progress Report submitted by [REDACTED] is documented on 06/04/2013. The patient reported persistent 8/10 pain. Physical examination revealed painful midline and paraspinal muscles, tenderness in the lower lumbar paraspinal muscles, SI joint tenderness, and painful lumbar range of motion, weakness, and stiffness. Treatment recommendations included continuation of current medication and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A H-Wave purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home based trial of H Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. As per the documentation submitted, an initial request for a 30-day evaluation of the H Wave home care system was submitted on 03/08/2013. Documentation of previous use of the H-Wave device was not provided. There is also no evidence of a failure to respond to conservative treatment including physical therapy, medications, and TENS therapy. The medical necessity for the requested service has not been established. As such, the request for DME H-Wave purchase is non-certified.