

<b>Case Number:</b>	CM13-0013231		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 PM&R, and is licensed to practice in California. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The underlying date of injury in this case is 11/21/1999. Treating diagnoses include a history of an anterior cervical fusion and prior laminectomy/discectomy, long-term opioid medication use/abuse, and recent back pain with right-sided sciatica due to L4-5 and L5-S1 degenerative disc disease with foraminal stenosis. A primary treating physician progress report addendum of 07/30/2013 requests an H-wave and includes check boxes stating that the patient previously had a trial of medications and home TENS. This form does not state that the patient previously underwent physical therapy exercise. Limited additional clinical details are available. A treating physician of 07/26/2013 notes that the patient was awaiting approval for a functional restoration program and the patient was having difficulty affording pain medications and thus was switched to methadone but that that did not last long enough. That form states the patient was interested in a spinal cord stimulator. The patient continued with low back pain radiating down the right leg which was sharp and throbbing in nature. A prior physician review notes that the medical records did not document that the patient had failed other forms of conservative care and that it did not appear that the H-wave unit would be used as a component of a program of functional restoration. An integrated pain management evaluation of 07/18/2013 reviews a detail of the patient's past treatment and includes that the patient had failed extensive past treatment and was a good candidate for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME rental H-Wave 30 day trial:** Overturned

**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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on H-Wave Stimulation, page 117, recommends "a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for...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 recommend physical therapy and medications plus TENS." A prior review concluded that this patient did not fail such prior treatment and that there were no functional goals. However, the medical records in this case include specifically a functional restoration program evaluation recently performed which documents in great detail the patient's past conservative care and specific functional goals which are presently planned, and the physician note outline plans for those goals either as part of a functional restoration program or as a continuation of the patient's past treatment. The records outline extensive financial and other complications of pharmacological treatment and a desire to manage the patient's symptoms by minimizing pharmacological treatment. An H-wave unit is specifically supported in such a situation. Therefore, this request is medically necessary.