

<b>Case Number:</b>	CM13-0014562		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 41-year-old male who worked as a maintenance worker for many years when she sustained multiple work-related injuries. The injured worker has a diagnosis of chronic low back pain with sciatica, history of left total hip replacement, avascular necrosis of the hips, and myofascial pain syndrome. Other pertinent diagnoses that may not be industrially related include diabetes type II, hypertension, hyperlipidemia, and obesity. The patient has been on narcotic pain medications including hydrocodone and Opana for pain management. The issue at hand is a request for an H wave system which was not approved as per a utilization review report dated August 14, 2013. The stated rationale for the denial includes "no mention of a successful trial of generic tens," "no mention of a home exercise program or other functional improvement-based treatment," and "no mention of any specific functional benefit" from the use of the H wave system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave System:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule has provisions for a H-wave stimulation device in the context of a program of functional restoration. An additional requirement is a previous failure of a trial of traditional transcutaneous electrical nerve stimulation. In the submitted documentation, there is no clear one-month home-based trial of TENS unit as described by the guidelines. There is no information with regard to duration of trial, frequency of use during trial, and functional outcome of a TENS unit trial. Therefore the request for each wave stimulation unit is recommended for noncertification. ❌