

<b>Case Number:</b>	CM13-0015742		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Interventional Spine 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:

This is a 65-year-old female who was injured on 8/18/2010. She has been diagnosed with cervical disc degeneration; lumbar disc degeneration; chronic pain; and neurovascular compression syndrome; . According to the 7/31/13 report from [REDACTED], he would like the patient to maximize the patient's self-managed physical activity and recommended an H-wave. On 8/9/13, [REDACTED] UR recommended against the E-stim unit and H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL OF E-STIMULATION UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation TENS; H-Wave Stimulation (HWT). Page(s): 114-121.

**Decision rationale:** The patient presents with low back and neck pain. I have been asked to review for "rental of E-stimulation unit". This is an incomplete request, the type of e-stim was not provided, nor was the duration of the rental period. This information is necessary in order to

determine what portion of MTUS guidelines would apply. ██████████ suggested the H-wave unit. MTUS guidelines for H-wave states: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998) or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The records show the patient has tried medications and PT. The PT notes from Feb-March 2013 did not show use of any e-stim devices. The MTUS requirements also require failure of TENS therapy. There is no mention of a failure of TENS unit in the records provided for IMR. The request is not in accordance with MTUS guidelines; therefore the Rental of E-Stimulation Unit is not medically necessary.

**H-WAVE UNIT PURCHASE OR RENTAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation TENS, H-Wave Stimulation (HWT). Page(s): 114-121,.

**Decision rationale:** The patient presents with low back and neck pain. I have been asked to review for "H-wave unit". The type of e-stim was not provided, nor was the duration of the rental period. This information is necessary in order to determine what portion of MTUS guidelines would apply. ██████████ suggested the H-wave unit. MTUS guidelines for H-wave states: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998) or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The records show the patient has tried medications and PT. The PT notes from Feb-March 2013 did not show use of any e-stim devices. The MTUS requirements also require failure of TENS therapy. There is no mention of failure of the TENS unit in the records provided for IMR. The request is not in accordance with MTUS guidelines; therefore H-Wave Unit is not medically necessary