

<b>Case Number:</b>	CM13-0019180		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/30/1996
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is 54-year-old injured worker who sustained a work-related injury on August 30, 1996. According to the progress report dated July 18, 2013, the patient was reported to have pain, reduced range of motion and impaired activity of daily living. The patient was previously diagnosed with failed back syndrome, opioid dependence with possible underlying opioid-induced hyperalgesia. The patient provider requested authorization for H wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device 30 day trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no documentation that the patient tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical

therapy. The request for a Home H-wave device 30 day trial is not medically necessary and appropriate.