

<b>Case Number:</b>	CM13-0021061		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/26/2009
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 30 year old male with a date of injury on 9/26/2009. The patient has complex regional pain syndrome secondary to a saw cut on 3 fingers of the leg hand (digits 2, 3, 4). There is extreme weakness noted on examination and the patient has impaired activities of daily living due to the pain and reduced range of motion and function. There is a documentation of a 15 minute trial of H-wave stimulation which decreased the patient pain score from 3/10 to 1/10. The utilization reviewer cites as the reason for denial the lack of documentation of failure of TENS which is a criteria specified in the CA MTUS prior to a trial of H-wave stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home h-wave device:** 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 Section Page(s): 117-118.

**Decision rationale:** The utilization reviewer cites as the reason for denial the lack of documentation of failure of TENS which is a criteria specified in the CA MTUS prior to a trial of H-wave stimulation. The requesting provider in the requisition form on date of service 4/23/13

indicates that the patient has had a TENS trial at home because this box was checked. However, the submitted documentation do not indicate the dates of this trial, how often a TENS unit was used, and the functional and analgesic response to such a trial. Another form on 6/21/13 entitled "Registration and Compliance Confirmation" indicates the patient did not have a previous trial of TENS. Given the guidelines, which specify for a failure of TENS prior to trial of H-wave stimulation, this request is recommended for non-certification.