

<b>Case Number:</b>	CM13-0024301		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 patient is a 35 year-old female with date of injury 12/28/2011. Per treating physician's report 09/30/2013, the listed diagnosis is lumbar facet joint pain, and the handwritten report states that the x-ray showed arthritis of the L-spine; NCV/EMG within normal limits; episode of severe tenderness and pain of the left lumbar area; using topical patches; using H-wave; work duties have changed with mere standing; bending; lifting, and uses Lidoderm over lumbar spine. Included in the reports for review, the patient has provided handwritten letter which was found on page 30 of this file, stating that the H-wave has been helpful with her severe pain along with medications. Pain was reduced to 3/10 to 4/10. There is a request for a 3-month rental of H-wave unit from 08/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT RENTAL TIMES 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, H-WAVE STIMULATION (HWT).

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

**Decision rationale:** This patient presents with chronic and persistent low back pain. The request was for 3 months rental of an H-wave unit. MTUS Guidelines allow further use of H-wave unit for specific diagnosis of neuropathic pain and chronic soft tissue inflammation. It is recommended after a failure of conservative care including TENS unit. H-wave unit is also recommended for 1-month rental before home purchase is allowed. In this case, the treating physician has asked for 3 months' rental. MTUS Guidelines allow up to 1 month rental of this unit. For a 1-month rental, trial of H-wave unit and failure of TENS unit must be documented. Given that the request is for 3 months, recommendation is for denial.