

<b>Case Number:</b>	CM13-0033959		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Pain Management 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 is a patient with a date of injury of April 9, 2012. A utilization review determination dated October 3, 2013 recommends non certification of H wave unit trial. Non certification is recommended due to lack of documentation of failure of an adequate TENS unit trial. A letter dated October 4, 2013 indicates that the H wave prescription is directed towards a goal of functional restoration. The note indicates that the patient has stated that the device has positively helped. Eliminating this device from the patient's treatment program will certainly hinder progress towards increased functional capacity. The physician then requests a 30 day trial period. A home electro therapy recommendation dated September 23, 2013 indicates that the patient underwent a TENS trial on September 23, 2013 for 30 minutes. The note indicates that the trial provided no change in pain and caused stinging and irritation. An H wave request template dated September 16, 2013 has boxes checked indicating that the patient complains of pain, exhibits impaired range of motion, and has impaired activities of daily living. The diagnoses include lumbago and there are general treatment goals included. The note indicates that TENS is not indicated for the patient's complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave 1 month home use evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), H-Wave Stimulation, Page 117

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on TENS (Transcutaneous Electrical Nerve Stimulation) Chronic Pain Section on H-Wave St.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is 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, 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 and medications plus TENS (transcutaneous electrical nerve stimulation). Within the documentation available for review, there is some confusion as to whether the patient has had a TENS trial. One portion of medical information states that TENS is not indicated for the patient's complaints. Another part indicates that the patient underwent a 30 minute trial. There is no documentation that the patient has undergone a 30 day TENS trial, as recommended by guidelines, including information such as how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of clarity regarding the above issues, the currently requested H-Wave trial is not medically necessary.