

<b>Case Number:</b>	CM13-0040102		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 a 62-year-old female who reported a work related injury on 05/24/2000, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses, lumbar strain and shoulder strain. The clinical note dated 09/18/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents the patient reports her pain is relieved by heat, medicines, exercise, and a TENS unit. The provider documents the patient's rate of pain averages at a 5/10. The provider documents the patient's pain medication includes Paxil, Zanaflex, tizanidine, an aspirin. The provider reported range of motion of the cervical spine was 40 degrees forward flexion, 40 degrees extension, rotation bilaterally at 40 degrees, shoulder range of motion in flexion to the left was 170 degrees, to the right 170 degrees. The provider documented the patient was administered trigger point injections in the clinic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave rental (month), Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical and lumbar spine pain complaints status post a work related injury sustained in 2000. The provider documents the patient reports positive efficacy with the use of a TENS unit. Per California MTUS, H-wave stimulation is not recommended but a 1 month home based trial of H-wave may be considered as an invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation when evidence of unresponsiveness to conventional therapy including physical therapy, medications, and a TENS is noted. As the patient continues to report positive efficacy with the use of a TENS unit, the current request is not supported. As such, the request for H-wave rental (month) quantity 1 is not medically necessary or appropriate.