

<b>Case Number:</b>	CM13-0049259		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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:

The patient is a 46 year old male with date of injury 1/5/13. The treating physician report dated 9/30/13 indicates that the patient presents with continued lower back pain. The current diagnoses are L5/S1 3mm, right paracentral disc protrusion with annular tear and right lumbar radiculopathy. The utilization review report dated 10/11/13 denied the request for a trial of HWave unit based lack of guideline support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A RETROSPECTIVE REQUEST FOR A TRIAL OF AN H-WAVE UNIT WITH A DATE OF SERVICE OF 9/30/2013: 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): 117-118.

**Decision rationale:** The patient presents with chronic lower back pain with radiculopathy. The current request is for a trial of an H-Wave unit. The treating physician states, "He is using the home unit but it only gives temporary relief although he's been using it for 9 months." There is

no documentation that a trial of a TENS unit has been performed and there is no record in any of the reports provided that a TENS unit was ever prescribed. The MTUS guidelines state, "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The request is not medically necessary or appropriate.