

<b>Case Number:</b>	CM13-0052030		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Family Practice 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 25-year-old male who reported an injury on 09/11/2012, secondary to heavy lifting. The patient is diagnosed with chronic lumbar back pain, chronic right leg radicular symptoms with neuropathic pain, depression, and anxiety. The patient was seen by [REDACTED] on 12/17/2013. The patient reported a flare-up of the lower back and right lower extremity pain. Physical examination revealed diminished range of motion, paralumbar tenderness, spasm, and right sacroiliac tenderness. Treatment recommendations included continuation of current medication, and a request for authorization of an H-wave home unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic

soft tissue inflammation. As per the documentation submitted, there is no evidence of this patient's active participation in a program of evidence-based functional restoration to be used in conjunction with the H-wave stimulation unit. There is also no documentation of a failure to respond to conservative treatment, including physical therapy and medications. While it is noted that the patient has found relief with an H-wave unit as opposed to a TENS unit, documentation of this patient's previous use of an H-wave stimulation unit was not provided. Based on the clinical information received, and the California MTUS Guidelines, the requested H-Wave unit is not medically necessary or appropriate.