MAXIMUS Federal Services

| Case Number: | CM13-0060887 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 02/18/2011 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

## 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 49-year-old female with a reported injury date of February 18, 2011. Records suggest the patient reports chronic lower back pain. The patient has been treated with physical therapy and modified activity. The patient underwent a previous trial of an H-wave stimulator. A post treatment survey completed on October 24, 2013 indicates that the H-wave stimulator trial did not allow the patient to decrease or eliminate the amount of medication taken. The patient only noted 40 percent pain relief with use of the device. The duration of improvement is not stated. In a later questionnaire, the patient did not indicate relief of pain with use of either a transcutaneous electrical nerve stimulation (TENS) unit or the H-wave trial, but rather suggested improvement only with therapy, heat and medication. An H-wave stimulator has been requested for purchase/indefinite use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment H-wave purchase/ indefinite use for the thoracic and lumbar spine, quantity one:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrotherapy; H wave Page(s): 117-118.

**Decision rationale:** The purchase/indefinite use of an H-wave stimulator would not be appropriate based on the records reviewed. The CA MTUS Chronic Pain 2009 Guidelines allow for an H-wave trial and use only for patients who have failed other treatment and are being treated for neuropathic pain due to diabetes or chronic soft tissue inflammation. It is not clear that the patient has either of these diagnoses. The records for review do document that the patient underwent a 45 day trial of an H-wave stimulator and was unable to decrease usage of medications. There was no documentation of improved functional status and the patient had less than 50 percent pain relief with the trial. The patient, therefore, had an unsuccessful trial of an H-wave stimulator trial. For all of these reasons, purchase of an H-wave stimulator would not be medically necessary based on review of the records provided.