

<b>Case Number:</b>	CM14-0002940		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine 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:

applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and depression reportedly associated with an industrial injury of August 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and psychotropic medications. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for a one-month rental of an HWave home care system. The applicant's attorney subsequently appealed. A progress note dated September 30, 2013 was notable for comments that the applicant reported persistent low back pain, 9/10. The applicant was permanent and stationary as of that point in time, and was not working. Eight sessions of physical therapy were endorsed. The applicant was described as using Tizanidine, Prilosec, Neurontin, Tramadol, Flexeril, and Relafen as of that point in time. Home exercises were endorsed. The one-month trial of the H-Wave device was sought on request for authorization form dated December 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MONTH RENTAL OF AN H-WAVE DEVICE FOR TREATMENT OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, H-Wave systems are tepidly endorsed in the treatment of diabetic neuropathic pain and/or soft tissue inflammation in applicants in whom other appropriate treatments, including analgesic medications, physical therapy, and a conventional TENS unit have previously been employed and/or failed. In this case, however, there is no evidence that analgesic medications have been tried and/or failed. The applicant was in the process of pursuing physical therapy and home exercises as of September 30, 2013. There is no mention of oral analgesic medication failure cited on any recent progress note. Therefore, the request for 1 month rental of an H-Wave device for treatment of the lumbar spine is not medically necessary and appropriate.