

<b>Case Number:</b>	CM14-0008244		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This case involves a patient with a date of injury of 4/23/2013. A utilization review determination dated 1/10/2014 recommends non-certification of an H-Wave device. It references a questionnaire dated 12/4/2013, noting that an H-Wave was used from 12/4/2013 through 12/19/2013 with subjective benefit, no reduction/elimination of medications, and 10% improvement response from use. A medical report dated 10/31/2013, identifies low back tightness and bilateral leg numbness and tingling. The pain is 8/10 with medication and 10/10 without. There is some relief with Lidoderm. On exam, there is left sacroiliac (SI) tenderness. The provider notes that physical therapy (PT) and transcutaneous electrical nerve stimulation (TENS) have been minimally helpful if at all.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE RENTAL 3 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, .

**Decision rationale:** The Chronic Pain Guidelines indicate that the H-wave stimulation is 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, 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 and medications plus transcutaneous electrical nerve stimulation (TENS). Within the documentation available for review, it was noted that prior TENS use did not provide any significant benefit, although there is no statement indicating how frequently the TENS unit was used and other ongoing pain treatment during the trial period including medication usage. Furthermore, the documentation notes that the patient tried H-Wave with some minimal subjective benefit, but there was no documentation of objective measures of improvement such as examples of functional improvement or decreased pain medication usage. In light of the above issues, the currently requested Home H-Wave device rental for three (3) months is not medically necessary.