

<b>Case Number:</b>	CM14-0027095		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 General Surgeon 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 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 injured worker is a 59 year old male who has chronic low back and bilateral knee pain following a work injury dated 3/13/2003. The biomechanics of the alleged work injury is not discussed in the materials available for review. The claimant has had surgery on the right knee. The claimant continued to have problems with pain especially the right knee. The claimant has been afforded an opportunity to use a H-Wave stimulator. There is self generated report that purportedly showed the H wave was of some benefit. There is conflicting information with regards to its efficacy. There is a letter from the claimant dated May 29, 2014 in which he states he was able to reduce his pain medications but the actual objective amount is not enumerated. Furthermore he reveals that he has had benefit from the use of the Transcutaneous Electrical Nerve Stimulation (TENS) but the claimant has better results with the H-wave unit. but again fails to give objective data regarding how much. This is in contradistinction to the "H Wave Compliance and Outcomes Report" dated 3/10/14 which asked, "Has H wave allowed you to decrease or eliminatate the amount of medications taken?" and was answered "No".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE 30 DAY TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulator (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H wave stimulator.

**Decision rationale:** There are conflicting information with regards to its efficacy of the H wave and the Transcutaneous Electrical Nerve Stimulation (TENS) units. In one report the TENS is reported to be of benefit. However a later check off form, the TENS is noted to have failed to have any benefit. With specific regard to the H wave self-report, the Visual Analogue Scale (VAS) score of pain before the H wave use is Analog score of 5. The H wave is reported to have decreased pain by 70% despite which the claimant has not been able to decrease analgesic use. A later request for H wave use of 3/24/14 asserts that H wave is supported by California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines as "shown to be effective self-administered drugs free treatment option." But the H wave compliance report filed by the durable medical equipment (DME) supplier shows there has not been any decrease or elimination of medication. The claimant has previously been afforded a trial of the H wave stimulator without objective documentation of any benefit therefore a second trial remains not recommended.