

<b>Case Number:</b>	CM14-0031031		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Medicine and is licensed to practice in Minnesota. 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 27 year old male who reported an injury on 12/18/2012. The mechanism of injury was not notated in the documentation provided. The injured worker complained of pain and exhibiting impaired range of motion and activities of daily living. Soft tissue inflammation was notated on the documentation. The documentation submitted for review did not notate the areas or location of pain, areas or extremities exhibiting impaired range of motion, specific impaired activities of daily living and the location of the soft tissue inflammation. There was no diagnostic study provided. The injured worker was diagnosed with mid low back pain, groin pain and ankle and foot injury. The previous treatments that were included with the documentation submitted were the trial use of a transcutaneous electrical nerve stimulation (TENS) unit. A current medications list was not included with the documentation submitted. The requested treatment plan was for 3 additional months of home H-wave devise to be used in 30-60 minutes sessions as needed. The request for authorization form dated 01/23/2014 was included with the documentation, the rationale was not included with the documentation provided.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** The request for durable medical equipment: H-wave is non-certified. The documentation submitted for review noted that the injured worker complained of pain and there was soft tissue inflammation. The California MTUS states 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation submitted for review noted that the injured has had an initial trial of the H-wave device and reported to "feel much better". As well as to have tried the transcutaneous electrical nerve stimulation (TENS) unit and reported failure to provide adequate relief. However the documentation provided did not notate medications that the injured worker has taken or is currently prescribed for pain nor did it indicate the injured worker's response to pain with and without the medication. There is also a lack of documentation provided that indicated the injured worker completed physical therapy and failure to restore functional improvement. In addition the documentation provided did not notate that the injured worker's initial trial of the H-wave device was used as an adjunct to a program of evidence-based functional restoration to treat chronic tissue inflammation. Based on the above noted, the request is not medically necessary.