

<b>Case Number:</b>	CM14-0049601		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 48 year old male with a 7/15/1998 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 2/27/14 noted subjective complaints of bilateral leg pain. Objective findings included antalgic gait with lumbar spasms. Diagnostic Impression: s/p previous laminectomy discectomy L3-4. Treatment to Date: lumbar surgeries, medication management, TENS, physical therapy. A UR decision dated 3/4/14 denied the request for purchase of H-Wave Device for lumbar spine. The records provided failed to indicate the patient had diabetic neuropathic pain. The clinical documentation failed to establish the patient has failed physical therapy, medications and TENS unit to meet guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a H-Wave device for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-

wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). It is also indicated in diabetic neuropathic pain. However, in the documents provided for review, there is no specific diagnosis of diabetic neuropathic pain or chronic soft tissue inflammation. Although the patient has had TENS, physical therapy and medications, there is no clear documentation that there has been failure of this conservative management. Therefore, the request for purchase of an H-wave device for the lumbar spine is not medically necessary.