

<b>Case Number:</b>	CM14-0089298		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/15/2000
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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:

According to the records made available for review, this is a 46-year-old male with a 12/15/00 date of injury. At the time (5/9/14) of the request for authorization for H-wave unit purchase [REDACTED] there is documentation of subjective (lower back pain; can walk farther, sit longer, sleep better with use of H-wave) and objective (none specified) findings, current diagnoses (unspecified complications of procedure, not elsewhere classified), and treatment to date (TENS, physical therapy, and H-wave 2 times per day for 30-45 minutes, 7 days a week with 80% improvement in pain). There is no documentation of chronic soft tissue inflammation and other ongoing treatment modalities within a functional restoration approach.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H- wave Unit purchase** [REDACTED] Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative

option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of unspecified complications of procedure, not elsewhere classified. In addition, there is documentation of treatment with an H-wave device, how often the unit was used, and outcomes in terms of pain relief and function. However, there is no documentation of chronic soft tissue inflammation and other ongoing treatment modalities within a functional restoration approach. Therefore, based on guidelines and a review of the evidence, the request for H-wave unit purchase (██████████) is not medically necessary.