

<b>Case Number:</b>	CM14-0093346		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 50-year-old with a work injury dated September 27, 2013. The diagnoses include cervical and lumbar disc degeneration, right knee chondromalacia, intermittent cervical and lumbar radiculopathy . Under consideration is a request for H-Wave Device to the Low Back, QTY: 1 There is a physician document dated April 2, 2014 that states that the patient's low back pain is improved 2-3/10 on a VAS scale. On exam there is intact sensation in the lower extremities. There is decreased lumbar range of motion. The patient is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One H-Wave device to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Transcutaneous electrotherapy Page(s): 171-172, 114-121.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend this treatment as an adjunct to a program of evidence based functional restoration. The guidelines state that

treatment should be only considered after a treatment o conservative care including transcutaneous electrical nerve stimulation (TENS). There is no documentation that the H wave stimulation is used as an adjunct to a program of evidence based functional restoration. There is no documentation that the patient had an adequate TENS trial. The request for one H-Wave device to the low back is not medically necessary or appropriate.