

<b>Case Number:</b>	CM15-0001308		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40 year old male, who sustained an industrial injury on September 17, 2009. He has reported neck, low back, and knee pain. The diagnoses have included lumbar disc disease with radicular pain. Treatment have included five extracorporeal shockwave treatments, MRI of the lumbar spine, aquatic therapy, acupuncture, lumbar brace, activity modifications, and pain medication. Currently, the injured worker complains of lower back pain. On December 2, 2014 Utilization Review non-certified a request for an H-Wave rental for 3 months, noting the lack of evidence of prior use of H-Wave unit as an adjunct to a program of evidence-based functional restoration programs such as physical therapy/chiropractic treatment with sustained objective and functional gains as well as decreased medication intake. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for H-Wave stimulation (HWT) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave, rental for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker sustained a work related injury on September 17, 2009. lumbar disc disease with radicular pain. Treatment have included, five extracorporeal shockwave treatments, MRI of the lumbar spine, aquatic therapy, acupuncture, lumbar brace, activity modifications, and pain medication. The medical records provided for review do not indicate a medical necessity for H-Wave, rental for 3 months. The MTUS does not recommend H-Wave as an isolated intervention. The Guidelines recommends a one-month home-based trial as an for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration following failure of initially recommended conservative care, that include physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The requested treatment exceeds the recommended one month rental; there is no documented evidence the injured worker has been enrolled in a functional restoration program, neither is there evidence the injured worker has failed treatment with physical therapy, TENs unit and medications. Therefore, the treatment is not medically necessary and appropriate.