

<b>Case Number:</b>	CM15-0002974		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on February 24, 2009. The diagnoses have included unable to read the diagnosis as the document is handwritten and not legible. Treatment to date has included Magnetic resonance imaging of lumbar spine, acupuncture six sessions. The primary treating physicians note dated November 18, 2014 is handwritten and is not legible. On December 31, 2014 Utilization Review non-certified H-wave device, purchase/indefinite use, noting, Medical treatment utilization schedule guidelines was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of H-wave device, purchase/indefinite use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave device, purchase/indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

**Decision rationale:** This patient presents with lower back pain. The treater has asked for H-WAVE DEVICE, PURCHASE/INDEFINITE USE but the requesting progress report is not included in the provided documentation. The patient has been using a TENS unit a few times for the last 2 weeks per 11/18/14 report, but the level of efficacy of the TENS unit was not included in the documentation. Review of reports shows there is no evidence that the patient has tried a prior one-month trial of a H-wave unit. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states that: "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the patient has a chronic pain condition and has been using a TENS unit for 2 weeks without documentation of its efficacy. The patient has not had a prior trial of H-wave unit. MTUS guidelines require a prior one-month trial before a purchase of a H-wave unit is indicated. The request IS NOT medically necessary.