

<b>Case Number:</b>	CM15-0163517		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, New York, California  
 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for an H-Wave stimulator trial apparently ordered on or around May 13, 2015. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of back and neck pain, 5/10. The applicant was on Neurontin and Pamelor, it was reported. The applicant had various issues including depression, anxiety, and insomnia present, it was acknowledged in the review of systems section of the note. The applicant stated that her pain complaints were reduced from 6/10 without medications to 3/10 with medications. Neurontin and Pamelor were both renewed. A 30-day trial of an H-Wave device was endorsed. There was no mention of the applicant is having previously attempted usage of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave stimulation unit, 30-day trial, lumbar spine, per 5/13/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** No, the proposed H-Wave device 30-day rental was not medically necessary, medically appropriate, or indicated here. As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave devices are not recommended as an isolated intervention but may be employed on a one-month trial basis as a noninvasive conservative option for diabetic neuropathic pain and/or chronic soft tissue formulation if used as an adjunct to a program of functional restoration following failure of initial recommended conservative care, including physical therapy, home exercise, medications, and a conventional TENS unit. Here, the May 13, 2015 progress note made no mention of the applicant's having failed the TENS unit. The applicant was, moreover, described as responding favorably to analgesic and adjuvant medications, including Neurontin and Pamelor, seemingly obviating the need for the H-Wave device trial. The applicant was not working, the treating provider acknowledged on May 13, 2015. It did not appear, thus, that the applicant was intent on employing the proposed H-Wave device trial in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.