

<b>Case Number:</b>	CM15-0193832		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/20/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 2014. In a utilization review report dated September 3, 2015, the claims administrator failed to approve request for a 30-day trial of an H-wave device. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a vendor form dated August 26, 2015, an H-wave device was seemingly sought. Little-to-no narrative commentary accompanied said order form. On an associated August 26, 2015 medical progress note, the applicant was asked to obtain a free 30-day trial of an H-wave device to ameliorate ongoing issues with chronic low back pain. The attending provider contended that the previously provided TENS unit was not providing adequate analgesia. The attending provider suggested that the applicant employ Elavil on a heightened dosage. The applicant was given a rather proscriptive 10- to 15-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On July 17, 2015, the same, unchanged, rather proscriptive 10- to 15-pound lifting limitation was endorsed. The applicant had recently received chiropractic manipulative therapy, and epidural steroid injection was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of H-Wave unit:** 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 request for a 30-day trial of an H-wave unit was not medically necessary, medically appropriate, or indicated here. While page 117 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H-wave devices are not recommended as an isolated intervention but may be employed on a one-month trial basis in the treatment of chronic soft tissue inflammation or used as an adjunct to a program of evidence-based functional restoration. Here, however, the applicant's work status was not clearly reported on multiple office visits, referenced above, including on the August 26, 2015 office visit at issue. It did not appear the applicant was working with a rather proscriptive 10- to 15-pound lifting limitation in place, however. It did not appear, thus, the applicant was intent on employing the H-wave device in conjunction with a program of functional restoration. Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an H-wave device only be employed on a trial basis in those applicants in whom initially recommended conservative care to include physical therapy, medications, and a conventional TENS unit have proven unsuccessful. Here, the attending provider suggested on August 26, 2015 that the applicant employ Elavil at a heightened dosage, which, if successful, would have potentially obviated the need for the H- wave device trial at issue. Therefore, the request was not medically necessary.