

<b>Case Number:</b>	CM15-0203963		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old female who sustained an industrial injury on December 18, 2006. The worker is being treated for: back pain, chronic myofascial pain, and mood adjustment disorder secondary to pain, lumbar spine neuritis or radiculitis, myofascial pain myositis, and lumbosacral strain. Subjective: July 17, 2015, September 01, 2015, "back pain shoots down across the low back area, down to her feet." She has difficulty sitting, standing and walking. Medication has been helpful and effective for her: at times with sleep difficulty, and stress. Objective: September 01, 2015, positive sacroiliac joint compression test; gait is hyper-pronated during mid stage of gait cycle. July 17, 2015. Medications: July 21, 2014: Terocin lotion, Oxycodone HCL, Ambien CR, and Xanax. September 01, 2015: Eszopiclone, Norco, and Tizanidine. July 17, 2015: Trazadone, and Flexeril, Eszopiclone, and Norco with note of Flexeril and Trazadone discontinued. Treatments: failed TENS trial, psychiatric care, medications. On September 16, 2015 a request was made for purchase of an H-Wave unit that was noncertified by Utilization Review on September 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit (unknown if rental or purchase): 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:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 117, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, there is lack of evidence in the submitted documentation to satisfy the guidelines. There is no evidence of functional restoration program or comprehensive program to warrant H-wave for the claimant's knee condition. There is no evidence of a successful trial of H-wave therapy to warrant purchase of a unit. As the request does not specify rental or purchase of a unit, the request is not medically necessary.