

<b>Case Number:</b>	CM15-0027373		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 2/20/07. She has reported pain in the lower back and bilateral wrists. The diagnoses have included bilateral carpal tunnel syndrome, ulnar nerve entrapment and joint arthritis. Treatment to date has included a sleep study, right thumb surgery and oral medications. As of the PR2 dated 1/19/15, the injured worker reports 6-7/10 pain in the low back on current medications and that she is only sit for an hour at a time. She has indicated that she has had an H-wave unit in the past with significant improvement, but it was stolen from her car. The treating physician requested an H-wave unit and supplies. On 1/26/15 Utilization Review non-certified a request for an H-wave unit and supplies. The utilization review physician cited the MTUS chronic pain guidelines. On 1/30/15, the injured worker submitted an application for IMR for review of an H-wave unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit & Supplies (rental or purchase): Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. Therefore a H-Wave Device and supplies is not medically necessary.