

<b>Case Number:</b>	CM15-0057383		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Pain Management

### 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 male patient who sustained an industrial injury on 07/23/2013. The most recent medical record provided for review was a primary treating office visit dated 03/02/2015. The report described subjective complaints of experiencing continued back pain that radiates to the hips and legs. The patient reports slightly limited motion on bending, twisting and straining. Of note, he just received notice of authorization for a transcutaneous nerve stimulator (TENS) unit 14 channel, but has yet to pick it up. He is diagnosed with radiculopathy spine/lumbar/leg and degenerative disk disease lumbosacral. The plan of care involved picking up the TENS unit and follow up in two months. In addition, the patient has had consultation for pain management with the administration of trigger point injections which offered some benefit. The patient has sufficient medication not requiring refills this time. His work status is unchanged, though he is apparently temporarily totally disabled per another provider 08/19/2014. Furthermore, one the patient receives and beings using the TENS unit a final determination may be made regarding his work status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Channel H-Wave TENS (transcutaneous electrical nerve stimulation) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

**Decision rationale:** Regarding the request for 4 channel H-Wave TENS unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it is noted that a 4-channel H-Wave TENS unit was previously certified as a trial, but the unit has not been picked up yet. There is no documentation of failure of a TENS trial and a subsequent successful H-Wave trial (with improved pain, function, decreased pain medication usage, etc.) to support the medical necessity of ongoing H-Wave use in accordance with the CA MTUS guidelines. In the absence of such documentation, the currently requested 4 channel H-Wave TENS unit is not medically necessary.