MAXIMUS Federal Services

| Case Number: | CM14-0129631 | | |
|---|---|---|---|
| Date Assigned: | 08/20/2014 | Date of Injury: | 02/12/2003 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 records presented for review indicate that this 57-year-old individual was reportedly injured on February 12, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated an individual in mild discomfort, requiring a single point cane ambulation and a marked decrease in lumbar spine range of motion. Motor was noted to be 5/5 and a slight decrease in sensory dysfunction was noted. Diagnostic imaging studies objectified a nonunion of the arthrosis. Previous treatment included physical therapy, multiple medications, several lumbar surgeries, postoperative rehabilitation, functional restoration protocols and narcotic analgesics. A request had been made for H-wave unit and was non-certified in the pre-authorization process on July 23, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H Wave Unit:** Upheld

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

**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): 42 OF 127.

**Decision rationale:** MTUS guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review, of the available medical records, fails to document the criteria required for a one-month trial of H-Wave Stimulation. As such, this request is not considered medically necessary.