

<b>Case Number:</b>	CM14-0131294		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 62-year-old female with a 11/2/06 date of injury. The mechanism of injury was not noted. According to a orthopaedic re-evaluation note dated 7/16/14, the patient has noted improvement from the treatment with the H-wave unit, but she still has an increase in pain with activities. Objective findings were: thoracolumbar range of motion (ROM) restricted by 50 percent. In the lower extremities, the motor examination is 5/5 in all motor groups. The sensory examination is normal. The provider noted that he is requesting the purchase of a home H-wave unit. The patient has had a 30-day trial and it proved to be beneficial for the patient. Diagnostic impression: lumbar degenerative disc disease, thoracic or lumbosacral neuritis or radiculitis. Treatment to date: medication management, activity modification, epidural steroid injections (ESIs) and surgery. A UR decision dated 7/29/14 denied the request for an H-Wave trial. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit, 1 Month Rental for the Lower Back Area, Lumbar and/or Sacral Vertebrae:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**Decision rationale:** The California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In the reports reviewed, there is no documentation that the patient has had a trial of physical therapy or a TENS unit. There is no documentation that the patient has failed other conservative therapy, such as medication management. In addition, according to a note dated 7/16/14, the patient has already had a 30-day trial of an H-wave unit. It is unclear why this request is being made at this time. Therefore, the request for H-Wave Unit, 1 Month Rental for the Lower Back Area, Lumbar and/or Sacral Vertebrae was not medically necessary.