

<b>Case Number:</b>	CM15-0017957		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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

### 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 32 year old male, who sustained an industrial injury on 9/13/2014. The current diagnoses are thoracolumbar pain and left shoulder pain. Currently, the injured worker complains of low back pain with radiation to the left lower extremity. Treatment to date has included medications, TENS unit, acupuncture, and physical therapy. The treating physician is requesting 30 day trial of H-Wave unit, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for 30 day trial of H-Wave unit. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of H-Wave unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 172.

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

**Decision rationale:** This patient presents with thoracolumbar pain, left shoulder pain, and left thigh pain. The treater has asked for 30 DAY TRIAL OF H-WAVE UNIT on 12/29/14. The patient had a TENS unit trial that was requested on 11/10/14. The patient stated that the TENS unit was effective in relieving pain on 11/21/14 report. In the request for authorization dated 12/29/14, the treater states that the TENS unit is "not helping at present." Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. The patient is currently working with restrictions. In this case, the patient has chronic pain of the thoracolumbar, left shoulder, and left thigh. A one-month trial of a TENS unit was effective at first, but the patient is no longer getting any relief. A 30-day trial of a H-wave unit appears to be reasonable for this patient's ongoing symptoms. The request IS medically necessary.