

<b>Case Number:</b>	CM15-0175935		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 8, 2007. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for an H-Wave device-30-day trial. The claims administrator referenced an RFA form received on August 5, 2015 in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of neck pain. 4-6/10 pain complaints were reported. The applicant was requesting a new TENS unit and Thera Cane massager, it was stated toward the top of the note. The applicant's medications included Norco, tramadol, and Flexeril. At the bottom of the note, the attending provider stated that he was seeking authorization for both an H-Wave device and Thera Cane. The attending provider seemingly stated that the H-Wave device was being endorsed on the grounds that the applicant would receive a free trial of the same. Work restrictions were endorsed, although the attending provider acknowledged in one section of the note that the applicant was deemed "disabled".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for an H-Wave 30-day trial is not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the H-Wave device, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the attending provider's concurrent request for an H-Wave device and a TheraCane massager on a single date of service, August 12, 2015, was at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a 1-month trial of an H-Wave stimulator device is not recommended as an isolated intervention but may be considered as a non-invasive conservative option only if used as an adjunct to a program of functional restoration and only following initially recommended conservative care, including physical therapy, home e exercise, medications, and a conventional TENS unit. Here, however, the applicant was off of work and had been deemed disabled, it was reported on August 12, 2015. It did not appear that the applicant was intent on employing the proposed H-Wave device in conjunction with a program of functional restoration. There was likewise no evidence that the applicant had failed first, second, and/or third-line treatments to include analgesic medications, physical therapy, and/or a conventional TENS unit. On section of the attending provider's August 12, 2015 progress note seemingly suggested that the claimant had presented requesting a TENS unit. It did not appear, thus, that a conventional TENS unit had failed. The attending provider's August 12, 2015 progress note stated that the claimant was using Norco, tramadol, and Flexeril. There was no explicit mention, suggestion, or insinuation of analgesic medications having proven unsuccessful here. Therefore, the request is not medically necessary.