

<b>Case Number:</b>	CM13-0006091		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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.

### 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 patient is a 43 year old male with a DOI of 10/30/2012. The patient has DJD of the low back with disc bulges at L3-4 and facet arthropathies bilaterally at L5-S1. The report dated 12/18/12 states the patient has been using H-wave in PT with good results and a trial of H-wave was requested. There is a form prescription for H-wave where the patient states the device makes him feel much better and has more activity and greater function due to the H-wave device. There is no documentation of a functional restoration program or use of a TENS unit with conservative care. There is a note dated 12/17/13 apparently written by patient stating the h-wave unit reduces pain from 7-8/10 to a 1-2/10. The note also states it reduced the amount of pain meds the patient is taking. The patient states he uses the H-wave nightly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), H Wave Stimulation page 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 148.

**Decision rationale:** CA MTUS chronic pain guides discuss H-wave stimulation (HWT). There are specific criteria for a trial of H-wave. The patient has already been approved for a trial of H-

wave, although there is no documentation that the patient has tried a TENS unit with conservative care. However, since the patient has had the approved trial with reported favorable results, the guides state that there is no difference in TENS and H-wave in pain thresholds. The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has been using the H-wave for longer than the one month trial and apparently has had good results. Although there is no evidence for the initial trial of H-wave in the given records, the evidence that the trial has been successful (with criteria set forth in MTUS guidelines) the request for H-wave purchase is medically necessary.