

<b>Case Number:</b>	CM13-0008711		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	04/15/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sport Medicine, and is licensed to practice in New York and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. 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 patient is a 67-year-old male who reported an injury on 07/23/2013. The patient had persistent back complaints that were initially treated conservatively with medications, a back brace, and physical therapy. The patient did receive a neurosurgical consultation who recommended continuation of conservative treatment. The patient then underwent a series of acupuncture treatments followed by an epidural steroid injection. The patient underwent an MRI that revealed multiple disc protrusions at L1-2, L2-3, L3-4, L4-5, and mild to moderate facet arthropathy at L5-S1. The patient did have a history of spine surgery approximately 30 years ago. The patient underwent a trial of in-office H-wave therapy. It was noted the patient had a positive response to the H-wave therapy reducing the patient's pain from 7/10 to a 4/10 to 5/10. The patient was prescribed H-wave therapy for home use. The patient's most recent clinical exam findings include tenderness to palpation of the lumbar paraspinal musculature, limited range of motion described as 60 degrees in forward flexion, 10 degrees in extension, 20 degrees in left lateral bending, and 20 degrees in right and left rotation. The patient's diagnoses included spondylosis of the lumbar spine, post-laminectomy syndrome, and sprain/strain of the sacroiliac region. The patient's treatment plan included continuation of medication and an H-wave unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device for home use x 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 114.

**Decision rationale:** The clinical documentation submitted for review does provide evidence the patient underwent a 30 days trial of H-wave therapy. The California Medical Treatment Utilization Schedule indicate that continuation of use of this type of therapy must be documented by objective functional improvement. The patient was evaluated on 07/08/2013 and it was documented the patient had pain relief from 8/10 to 4/10 with reduction of pain medications as result of the H-wave therapy provided once per day. However, it is noted the patient's pain did increase with activities. The patient was again evaluated on 07/29/2013 where it was noted there were no significant changes since the last visit. As there are no recent increases in functional capabilities or significant benefit, continued use of this treatment modality would not be supported. As such, the request for home H-wave device for home use for 3 months is not medically necessary and appropriate.