

<b>Case Number:</b>	CM13-0011488		
<b>Date Assigned:</b>	09/24/2013	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 PM&R, 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 underlying date of injury in this case is 08/04/2000. The primary diagnosis is 724.8/other symptoms referable to the back. On 02/20/2013, a primary treating physician progress report addendum contains a physician completion of what appears to be a form regarding an H-wave system. Check boxes indicate that the patient complained of pain and impaired range of motion and impaired activities of daily living and that past treatment had included physical therapy and a home trial of TENS as well as medication and work restrictions. Physical therapy notes as of 02/14/2013 indicate that the patient was under treatment for lumbar radiculopathy and low back pain and that the patient was able to advance exercise intensity and continued to work with good effort and was making steady progress toward rehabilitation goals. The treatment plan included active exercise as well as use of TENS and manual traction. A treating physician note of 02/20/2013 indicates the patient was seen in followup with neck pain and low back pain consistent with left lumbar facet pain. The treating physician had recommended medial branch blocks, although those have not been approved. The treatment plan included continued use of Duragesic as well as Nexium, Nucynta, omeprazole, and Skelaxin. As of 06/04/2013, a treating physician note indicates the patient was seen in followup with ongoing pain consistent with lumbar facet pain. The treating physician discussed in particular prior non-certification regarding medications and an H-wave unit. That note indicates that the patient reported that H-wave helps quite a bit and this helps her symptoms and decreased her pain about 50% for 4 hours or longer and allowed her to increase her activity level, decrease the stress of her muscle tension in the low back, and therefore a request was made for H-wave. Diagnoses included facet syndrome, neck pain, chronic pain, joint pain, generalized osteoarthritis, acromioclavicular arthritis, and brachial neuritis

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on H-Wave Stimulation Page(s): 117.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on H-Wave Stimulation, page 117, recommends "a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommend physical therapy and medications plus transcutaneous electrical nerve stimulation." A prior physician review recommended non-certification of H-wave due to the lack of quantitative documentation of medication use. However, the guidelines do not explicitly require such reduction in medication use. The guidelines for failure of specific initially recommended treatment and specific documentation of patient benefit subjectively and functionally is contained in the medical records. The guidelines have done that, and the rationale for this treatment is documented in detail by the treating physician. This treatment is medically necessary.