

<b>Case Number:</b>	CM13-0017820		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	09/09/2003
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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. The expert reviewer is Board Certified in Family Practice 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 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/services. 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 43 year-old female with a date of injury of September 19, 2003. The patient has CRPS, a lumbar disc bulge, an SCS implanted, degenerative changes and osteopenia of the hip, degenerative changes and osteopenia of the pelvis, chondromalacia and articular cartilage flap right knee status post arthroscopic chondroplasty, grade 3 chondromalacia patella, history of supraventricular tachycardia, a history of right cerebral aneurysm and hemorrhage, depressive disorder, anxiety disorder and pain disorder. On August 8, 2013 request was made for a 30-day trial of an H-wave unit for home use. The pre-printed request marked boxes indicating that the patient has tried physical therapy and or exercise, medications, and "Clinical or home trial of Tens/Tens is not indicated for patient's complaints/goals. Non-certification rationale included clarification regarding Tens unit attempts and clarification regarding the body part to be treated with this device. The prior peer reviewer also noted that the patient has lost a lot of sensation in her limbs and therefore cannot feel any sense of tenderness. The patient also has a prolonged QT interval and is using an SCS. The prior peer review state that a second electrical stimulation modality should be carefully considered for any possible adverse effects. An appeal has been submitted, and the unit is noted to be for the cervical spine. The records include a letter from the patient dated October 28, 2013 indicating that she has failed a Tens unit, and that the H-wave has resulted in improved pain, improved sleep, decreased medication use, and increased function. She is requesting continued use of the H-wave unit. A November 26, 2013 examination report diagnosed the patient with thoracic/lumbar neuritis/radiculitis, cervical radiculopathy, and pain in joint of lower leg. Trial of H-wave unit is requested. The patient is referred for lumbar spine PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH'S USE OF A HOME H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

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

**Decision rationale:** According to the CA MTUS guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, a request for 30 day trial of H-wave 8/8/13 was not supported. There was no clarification that the patient had undergone a trial of Tens unit, and there was no indication of recent attempts at cervical physical therapy. It should also be noted that the patient has a SCS and a second electrical stimulation may cause adverse effects as pointed out in the prior peer review.