

<b>Case Number:</b>	CM13-0021610		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/19/1996
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 19, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; short acting opioids; unspecified amounts of physical therapy; and topical agents. It does not appear that the applicant has returned to work. In a utilization review report of August 16, 2013, the claims administrator denied a request for an H-Wave homecare system. The applicant's attorney later appealed. Multiple handwritten forms from the device vendor are reviewed and interspersed throughout 2013, in which both the purchase and a three-month rental of the H-Wave homecare system are sought. Also reviewed is a statement from the applicant dated April 10, 2013, in which he states that the usage of the H-wave device has resulted in pain relief and reduction in medication consumption. However, a June 13, 2013 progress note is notable for comments that the applicant reports persistent moderate severity neck and low back pain, 5 to 10/10. Tenderness is noted about the lumbar and cervical paraspinal muscles. Lortab, Celebrex, Xanax, and a physical therapy referral are placed. Lunesta, Zanaflex, and Nexium are also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H Wave homecare systems are, at best, tepidly endorsed in the treatment of chronic soft tissue inflammation and/or diabetic neuropathic pain in those applicant in whom other appropriate interventions, including time, medications, physical therapy, home exercises, medications, and a conventional TENS unit are tried and/or failed. In this case, however, the documentation does not clearly state that the applicant in fact failed a TENS unit. The applicant continues to use several analgesic medications. Finally, it does appear that the applicant in fact was given a prior one month trial of said H-Wave device. It does not appear that the applicant effected any lasting benefit or functional improvement through the H-Wave device as defined by the measures established in MTUS 9792.20f. The applicant did not seemingly return to work. There is no evidence that the applicant's medication consumption was diminished. On the June 13, 2013 progress note, the applicant was described as using several different analgesic, adjuvant, and psychotropic medications, including Lortab, Celebrex, Xanax, Lunesta, Zanaflex, etc. All of the above, taken together, imply that the H-Wave device trial was unsuccessful. Therefore, the request is not certified.