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| <b>Case Number:</b>   | CM13-0025763 |                              |            |
| <b>Date Assigned:</b> | 03/14/2014   | <b>Date of Injury:</b>       | 05/30/2013 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 09/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 60 year old female whose date of injury is 05/30/13. The mechanism of the original injury occurred when the worker bent down to help a child with her math and when she stood up her lower back began to hurt. The diagnoses include chronic low back pain, lumbar degenerative disc disease, and intervertebral disc displacement without myelopathy. Treatments to date includes physical therapy and H-wave/TENS unit in physical therapy, which has been documented to decrease pain levels, and medication use in an addendum by the requesting provider on 2/20/2014. A utilization determination had denied the request for H wave based on a lack of indication for this device, which is indicated for diabetic neuropathy and chronic soft tissue inflammation. The reviewer pointed out the lack of history of diabetes, neuropathy, and soft tissue inflammation as defined by Harrison's textbook of medicine in this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE DEVICE FOR 30 DAY HOME TRIAL:** Upheld

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

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

**Decision rationale:** The CA MTUS specifies on page 117-118 of the Chronic Pain Medical Treatment Guidelines the following regarding H-wave stimulation (HWT): "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 the case of this injured worker, the requesting healthcare provider fails to distinguish the functional gains attributed to TENS versus H-wave stimulation. Although these two (2) modalities are both forms of cutaneous stimulation, they are distinct. The requesting healthcare provider writes in the Primary Treating Physician's Addendum on 2/20/2014 that "the patient's use of H-Wave/TENS Unit in physical therapy has decreased pain levels and medication use." The provider further states that "the modality has helped increase range of motion (ROM) and activities of daily living (ADLs)." Given this documentation, it is unclear whether the patient has failed a TENS trial, which is a prerequisite for H-wave stimulation. This request is recommended as not medically necessary.