

<b>Case Number:</b>	CM13-0038755		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Pain Management 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:

This is a male patient with a date of injury of August 19, 2012. A utilization review determination dated September 30, 2013 recommends noncertification of H-wave unit rental. A progress report dated August 26, 2013 identifies, "he did have an epidural steroid injection in July, which gave him reduction in his leg pain. The patient reports his pain is worse with sitting, bending, and lifting. It improves with medications and lying down. He does not feel ibuprofen is helping him significantly. He takes Flexeril but the 10 mg dose is too sedating. In the past, he has tried a TENS unit with some mild benefit but no lasting benefit." Physical examination identifies, "he has positive right straight leg raise. He has decreased sensation in the lateral aspect of the right lower extremity and anterior lateral thigh. He also has some decreased sensation in the medial right leg. Left leg sensation is intact." Impression states, "lumbar degenerative disc disease, discogenic low back pain, Right L4 and L5 radiculopathy, chronic pain syndrome." Treatment plan states, "he would like to pursue a repeat epidural injection." The note goes on to state, "if he does not improve with conservative treatment, we may consider surgical intervention. At this time, we will hold off on surgical referral. He had temporary benefit from a TENS unit, but not long lasting benefit. He may benefit from an H-Wave unit which may help reduce his pain symptoms." The note goes on to state, "H-wave stimulation....patient must have previously tried and failed TENS. Not recommended as an isolated intervention, but 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 and medications, plus transcutaneous electric

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit Rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114; 117-118.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication that the patient has had an appropriate transcutaneous electrical nerve stimulation trial. There is no statement indicating how frequently a tens unit was utilized, how long it was used during each session, what sort of analgesic response the patient had, and any discussion regarding objective functional improvement or pain medication reduction. Additionally, there is no statement indicating exactly what objective functional treatment goals would be utilized to determine the efficacy of an H-wave unit trial. Finally, there is no statement indicating that the requested H-wave trial will be used as an adjunct to a program of evidence-based functional restoration as recommended by guidelines. In the absence of such documentation, the currently requested H-wave device is not medically necessary.