

<b>Case Number:</b>	CM13-0042148		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 55-year-old male who sustained injuries on 04/14/2011 as result of tripping and injuring his right knee, then stepped off a bus and injured his left foot. Apparently in the interim period between the Utilization request dated 10/08/2013 and the date of injury, the patient developed lower back pain. The most recent progress reports indicates lower back pain that radiates to the buttocks and bilateral legs to the knees with associated intermittent numbness. Physical examination identified a normal lumbar lordosis without evidence of scoliosis. Palpable tenderness and spasm are noted in the paravertebral muscles. Lumbar range of motion is reduced. Neurologically no appreciable sensory or motor deficit is identified. A lumbar MRI dated 1/26/2012 identifies a L5-S1 annular tear and a moderate L4-5 facet arthropathy. In dispute is a decision for a home H-wave device daily use with duration unspecified for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device, Daily Use, Duration Unspecified, for The Lumbar Spine:** 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 Pain Intervention Page(s): 117-118.

**Decision rationale:** H-wave stimulation (HWT) 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. H-wave stimulation is sometimes used for the treatment of pain related to muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not medically necessary at this time.