

<b>Case Number:</b>	CM13-0043691		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/04/1999
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 & Rehabilitation 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:

This 59 year-old male sustained an injury on 7/4/99 while employed by [REDACTED]. Request under consideration include 1 Purchase of a H-Wave device. The patient is s/p lumbar fusion with post-op left lower extremity DVT. Report of 9/11/13 from the provider noted patient has been using the H-wave with decreased in need for oral medication and increased stability to perform more activity. Report did not document specific medication decreased or what specific activities had improved function. Request for H-wave purchase was non-certified on 9/27/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Purchase of a H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-118.

**Decision rationale:** This 59 year-old male sustained an injury on 7/4/99 while employed by [REDACTED]. Request under consideration include 1 Purchase of a H-Wave device. The patient is s/p lumbar fusion with post-op left lower extremity DVT. Report of 9/11/13 from

the provider noted patient has been using the H-wave with decreased in need for oral medication and increased stability to perform more activity. Report did not document specific medication decreased or what specific activities had improved function. Request for H-wave purchase was non-certified on 9/27/13 citing guidelines criteria and lack of medical necessity. Review of further report dated 8/7/13 from the provider noted patient has been using the H-wave with improved pain and myospasm to increase activity level. Exam noted difficulty walking; difficulty changing position and getting onto the examining table; motion is restricted (no planes noted) and does cause painful symptoms; guarding of motion; muscle spasm present (no location noted); and gait antalgic. Diagnoses included s/p lumbar fusion L3-S1 with instrumentation; post-op left lower extremity DVT; right cubital tunnel syndrome and right carpal tunnel syndrome (another provider's diagnoses); and L2-3 degeneration and disc osteophyte complexes with stenosis. Treatment plan was to continue with H-wave; medications list Norco 10/325 mg q4-6 hours PRN, Zanaflex 4 mg TID PRN, Lyrica 75 mg BID; Prevacid 30 mg QD; Ultram ER 100 mg TID prn, and Ambien 10 mg QHS. Of note, provider documented "Additionally, he was prescribed Flector Patch to affected area Q12 hrs for pain." The patient remained P&S. Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. In fact, there appears to be added new medication of Flector Patch for pain per provider's report. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 1999. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. The 1 Purchase of a H-Wave device is not medically necessary and appropriate.