

<b>Case Number:</b>	CM13-0052921		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/1996
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 52 year-old female sustained a trip and fall injury on 10/3/96 while employed by [REDACTED]. Request under consideration include Home H-Wave device. Report of 10/3/13 from the provider noted patient with complaints of right leg and knee pain with intermittent left leg paresthesias. Right leg pain started a month ago at 10/10 scale. Lumbar pain was rated as 6-7/10 with use of Tramadol pain medication. Exam noted bilateral paraspinal muscle spasms from mid thoracic to lumbar area with positive edema at L4 level; tenderness to palpation along the T12-L2 region; bilateral SI joint tenderness with no sciatica induction; right knee revealed crepitus with range, but without laxity or edema; intact neurological sensation. Diagnoses included enthesopathy of hip region; lumbar nerve root injury; sciatica. Supplemental report of 10/2/8/2013 noted patient with pain complaints, impaired range of motion, impaired ADL and failed trial of (TENS) transcutaneous electrical nerve stimulation. However, there was notation the patient was not able to use the TENS due to electrode dysfunction which has since been certified. Request for Home H-wave was non-certified on 11/11/2013 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:

**Home H-Wave device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

**Decision rationale:** This 52 year-old female sustained a trip and fall injury on 10/3/96 while employed by [REDACTED]. Request under consideration include Home H-Wave device. Report of 10/3/13 from the provider noted patient with complaints of right leg pain at 10/10 level, knee pain with intermittent left leg paresthesias, and Lumbar pain rated as 6-7/10 with use of Tramadol pain medication. Exam noted bilateral paraspinal muscle spasms and tenderness with intact neurological exam. Diagnoses included enthesopathy of hip region; lumbar nerve root injury; sciatica. Supplemental report of 10/2/8/13 noted patient with pain complaints, impaired range of motion, impaired ADL and failed trial of (TENS) transcutaneous electrical nerve stimulation . However, there was conflicting report as notation documented the patient was not able to use the TENS due to electrode dysfunction which has since been certified. Per guidelines, H-wave 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 TENS which have not been demonstrated as the electrodes had malfunctioned with new electrodes remedied. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria and the patient is continuing with a (HEP) home exercise program for this 1996 injury. The Home H-Wave device is not medically necessary and appropriate.