

<b>Case Number:</b>	CM13-0056726		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 69-year-old female who was injured on 05/20/2009. The mechanism of injury is unknown. The patient has been undergoing treatment with [REDACTED] including transforaminal lumbar injections as well as renewal of pain medication prescription. The patient had persistent complaints of low back, right leg, and heel pain. The patient had been reasonably functional. The treatment history included Percocet 5/325, Cymbalta, and Duexis 800/26.6 mg and a trial of Home H-wave unit. The patient underwent bilateral S1 transforaminal epidural steroid injections on 09/10/2012. The Medical Progress Report dated 10/16/2013, indicated that the patient returned for follow-up. She received the trial of the H-Wave unit and reports that it was effective in reducing her pain by about 60%. She had been using it for flare-ups of low back pain and left leg pain. The patient had been able to walk for longer distances, do pool exercises, do more gardening, and spend time with her husband and grandchildren. She underwent a bilateral S1 transforaminal lumbar epidural steroid injection on 05/31/2013 and reported significant pain relief. In conjunction with her use of the H-wave unit, her pain has been manageable and stable. She had been able to keep her use of Percocet to three (3) tablets per day, which is lower than her normal four to five (4-5) tablets per day. She was taking Duexis as needed for flare-ups of pain. The Cymbalta was helping to reduce pain and stabilize her mood. The objective findings on exam revealed that the patient was accompanied by her husband. Her mood was stable. Inspection showed a small well healed vertical mid line lumbar paraspinal muscles; the strength was 5/5 throughout the left leg; the strength was 4/5 in the right ankle dorsiflexion, plantar flexion, and right extensor hallucis longus (EHL) muscle. The deep tendon reflexes including the patellar and Achilles were within normal limits. There was no distal extremity edema. The Medical Progress Note dated 06/26/2013, indicated that the patient received an epidural steroid injection on 05/31/2013 and reported 80% relief of low back pain

and right leg and heel pain. After the injection, she again reported functional gains including walking for longer periods of time, sitting for longer periods, and getting into and out of her car easier. She had been able to reduce her use of Percocet from four to five (4-5) tablets per day to three (3) tablets per day. Overall, her pain is very well controlled at this point. The patient was diagnosed with 1) Chronic low back pain with lumbar degenerative disc disease; 2) Previous lumbar laminectomy; 3) Lumbar radiculopathy; and 4) Depression and anxiety associated with chronic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H-WAVE UNIT (UNSPECIFIED DURATION):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The Chronic Pain Guidelines indicate that a one-month home-based trial of H-Wave stimulation (HWT) may be considered as a non-invasive 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, such as exercise, and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may 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. In this case, a progress report dated 08/21/2013 indicates that there is decreased use of pain medications from four to five (4-5) pills per day to three (3) pills per day and the patient has documented functional improvement in her activities of daily living (ADLs), with reduction in pain level by 60% during a one (1) month trial of H-wave stimulator. However, the guidelines indicate that 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 recommended at this time. This patient has clinical and objective evidence of radiculopathy and is diagnosed with lumbar radiculopathy. As such, the use of H-wave stimulation unit is not supported and the request is non-certified.