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| <b>Case Number:</b>   | CM13-0066344 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 11/30/2011 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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, 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 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 is a male patient with a date of injury of November 30, 2011. A utilization review determination dated November 27, 2013 recommends noncertification of home H-wave device. A progress report dated August 12, 2013 identifies subjective complaints indicating that the patient has been approved for 18 physical therapy sessions. The patient continues to have operative low back pain with a burning sensation in the toes. Current medications include oxycodone and Lyrica. Physical examination is deferred. Assessment includes right cervical radiculopathy-resolved, right leg radiculopathy-resolved, disc protrusion at C3-C4, disc bulge at L5-S1, status post bilateral L5-S1 laminotomy. Discussion states that the patient has been approved for physical therapy. A request for authorization is made for an H wave unit as his TENS unit is only providing short-term benefit. The patient will continue with the current medication. There is an H-wave questionnaire indicating that the H-wave has decreased the need for medication, improve function allowing the patient to walk farther, do more housework, sit longer, sleep better, stand longer, and have more family interaction. The pain was reduced by 40%. The unit was used 3 to 4 times per day 7 days a week for 45 minutes or more at a time. The comments indicate that the medication has been reduced by one pill every 2 days and states, "it is great and is the only thing that works." The note indicates that the trial was for 2 weeks. A subsequent note dated January 9, 2014 indicates that the H-wave has been used for 142 days and has helped more and eliminated the need for medication. The patient's pain is now 4/10, whereas it was 7/10 at the previous evaluation. The patient notes that 90% pay reduction is achieved with the H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF AN H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), H Wave Stimulation, page 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(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, the requesting physician has stated that the patient has failed a TENS unit trial. Additionally, an H-wave trial has been performed which has resulted in reduction in pain scores, improvement in functional ability, and elimination of pain medication. Furthermore, the H-wave unit is being used in conjunction with physical therapy and presumably a home exercise program. As such, the currently requested H-wave device is medically necessary.