

<b>Case Number:</b>	CM13-0066508		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/16/2013
<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 & Rehabilitation and is licensed to practice in Texas. 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 51-year-old female patient with a date of injury 08/22/2006. The mechanism of injury was not provided. The patient presents with a history of a lumbosacral sprain/strain injury as well as myofascial pain syndrome, depression and lumbosacral radiculopathy. Conservative care has consisted of medication management, physical therapy, and a TENS unit. In regards to the TENS unit; the patient reported that the TENS offered no relief. On physical therapy evaluation dated 05/29/2013 objective findings were forward head posture 3" with a moderate increase in kyphosis and protracted scapula 2". Lumbar active range of motion: flexion was 55 degrees, extension 5 degrees of flexion to 0, right lateral flexion 10 degrees, left lateral flexion 5 degrees. Straight leg raise to the left was 30 degrees, right 42 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A HOME H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Guidelines 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The request for the home H-wave device is non-certified. Noted in the physical therapy evaluation, 05/29/2013, that the patient did present with decreased range of motion, decreased strength, decreased flexibility, decreased endurance and a decreased functional capacity. It was recommended at the time for the patient to start a Functional Restoration Program. The CA MTUS Guidelines do state that the H-wave is not recommended as an isolated intervention, but a 1 month home trial as an option for treatment of diabetic neuropathic pain or chronic soft tissue inflammation. The documentation provided for review indicated that the patient did have physical therapy and a TENS unit; however, there was no evidence as to how long the patient had the TENS unit and no objective findings as to the response from the unit. Also, there was no documentation showing evidence as to how the H-wave unit will positively impact the patient's functional status. As such, the request is non-certified.