

<b>Case Number:</b>	CM13-0068652		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient has a date of birth 8/6/68 and a date of work injury to his low back on 8/16/10. There is a request for an H Wave device. The patient's diagnoses include lumbar degenerative disc disease and spinal stenosis. 8/8/12 Lumbar MRI indicated disc degeneration at all levels of the lumbar spine from L1-L2 to L5-S 1. There is narrowing of the neural canals. There is report of mild impingement of the left S1 nerve root. A 12/19/13 primary treating physician report indicates that the patient has not worked since 2010. He is not taking any medications. He complains of back pain and sciatic pain. A physical exam revealed decreased lumbar range of motion, decreased sensation in patient's foot, normal motor strength, multiple trigger points, paraspinal spasm, and normal deep tendon reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for DME: H-Wave Device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on H-wave stimulation (HWT), and Functional Restoration Approach to Chronic Pain Manage.

**Decision rationale:** The H-Wave Device is not medically necessary per the MTUS guidelines. The guidelines state that the H wave stimulation can be used as an adjunct to a program of evidence based functional restoration for diabetic neuropathic pain and also for chronic soft tissue inflammation only after conservative treatment including therapy, TENS, and medication management. There is no documentation that the H wave stimulation is used as an adjunct to a program of evidence based functional restoration. The H-wave Device is therefore not medically necessary.