

<b>Case Number:</b>	CM14-0001563		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & 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:

The injured worker is a 47 year old male who reported an injury on 07/14/2006 secondary to an unknown mechanism of injury. He was treated previously with psychotherapy and epidural steroid injections. It was also noted that he was treated previously with a TENS unit which was not effective. The injured worker was evaluated on 12/16/2013 and reported 8/10 low back pain radiating to the lower extremities bilaterally. On physical exam, he was noted to have a positive straight leg raise bilaterally with normal reflexes, strength, and sensation. He was also noted to have tenderness and spasm to palpation over the paravertebral muscles and positive lumbar facet loading on the left side. Medications were noted to include Norco, Lidoderm, and Doxepin. It was noted that the injured worker was prescribed an H-wave machine in 2003 prior to the injury which he was in possession of at the time of the evaluation. The injured worker reported that his previous use of the H-wave machine was extremely helpful in managing his pain, reducing his need for medications, and increasing his activity level. He reported that it decreased his pain by 75% for 3 hours after each use of 15-20 minutes of the H-wave unit, and that it specifically reduced his use of Norco. According to the documentation submitted for review, the injured worker stopped using prior to 12/17/2012 because he did not have H-wave pads. It was noted that multiple requests for H-wave pads since that time were denied. A new request was submitted for 1 H-wave pad. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 H-WAVE PADS:** Overturned

**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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION H-WAVE STIMULATION (HWT) Page(s): 117-118.

**Decision rationale:** The request for 1 H-wave pad is certified. California MTUS guidelines recommend H-wave stimulation as a non-invasive conservative option for neuropathic pain. These guidelines also recommend that it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. Recent studies indicate a moderate to strong effect of the H-Wave device in providing pain relief, reducing the requirement for pain medication and increasing functionality. The injured worker has owned an H-wave unit since 2003. He reported pain relief of 75% for 3 hours after each use of 15-20 minutes of the H-wave unit, and reported that it specifically reduced his use of Norco. He also reported that it increased his activity level. He had stopped using the H-wave unit as of 12/17/2012 because he did not have H-wave pads. It was noted that multiple requests for H-wave pads since that time were denied. There is sufficient documented evidence of quantified pain relief and objective functional improvement from prior H-wave use. As such, the request for 1 H-wave pad is certified.