

<b>Case Number:</b>	CM14-0003991		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, 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:

The patient is a 42-year-old female who has submitted a claim for pain in joint involving lower leg, displacement of intervertebral disc site unspecified without myelopathy, lateral epicondylitis at the elbow region, enthesopathy of the hip, fasciitis, and fracture of phalanx and sprain on the lumbar region associated with an industrial injury date of December 09, 2010. Medical records from 2011 through 2013 were reviewed showing that the patient complained of low back pain extending down the right posterior thigh to the knee. There was also worsening of the right foot pain and painful ambulation with a VAS scale of 7/10. On physical examination, the patient walks on an antalgic gait. No tenderness was noted over the paravertebral muscles, sacroiliac joints and sciatic notches. Sensation to light touch and pinprick was intact on bilateral lower extremities. The range of motion of the lumbar spine was as follows: flexion at 32 degrees, extension at 16 degrees, left and right lateral bend at 22 degrees. Reflexes on bilateral lower extremities were 2+. Straight leg raise was positive on right side at 80 degrees and negative on the left at 90 degrees. EMG/NCV done on February 26, 2011 showed a pattern consistent with a lumbosacral plexopathy and possible radiculopathy and left L5 radiculopathy. MRI of the right foot done on March 10, 2011 showed normal study of the right foot. X-ray of the lumbar spine (AP-Lat) flexion and extension showed mild degenerative disc disease at the level of L4 through S1. X-ray of the right foot (AP-Lat) was done on October 12, 2012 show no evidence of fracture or misalignment. CT scan of the right foot done on October 12, 2012 showed cystic changes in the talus, 5-6mm inferior calcaneal spur and 2mm plantar spur. Treatment to date has included medications, TENS, Physical Therapy (PT) and Chiropractic treatment. A utilization review from December 16, 2013 denied the request for Home H-Wave Device Trial, however, reasons for denial were not made available.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE TRIAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, H-Wave Stimulation Page(s): 117.

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

**Decision rationale:** According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave therapy 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 (TENS). In this case, the patient underwent 43 days of H-wave stimulation trial with reported improvement in the quality of life and noted decrease in the usage of the medications. Prior to that, the patient already had TENS, PT and medications with no noted functional improvements despite its use. The medical necessity for H-wave has been established for a 30 day trial as recommended by CA MTUS. Therefore, the request for a Home H-Wave Device Trial was medically necessary.