

<b>Case Number:</b>	CM14-0019822		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Family Practice and is licensed to practice in Mississippi and 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:

The injured worker is a 41 year old female with a reported injury date on 01/07/2011; the mechanism of injury was not provided. The progress note dated 01/16/2014 noted that the injured worker had complaints that included pain to the lumbar spine that radiated to the bilateral lower extremities. Objective findings included a significant spasm to the lumbar spine, tenderness over the L4-L5 and L5-S1 region, and a positive straight leg raise on the right side. It was noted that the injured worker received a prior trial of a TENS unit and that it was very helpful in reducing the injured workers symptoms. The request for authorization for a Home H-Wave Device was submitted on 01/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **H-WAVE DEVICE FOR THE LUMBAR SPINE, 1 MONTH RENTAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 177-178.

**Decision rationale:** It was noted that the injured worker had complaints that included pain to the lumbar spine that radiates to the bilateral lower extremities. Objective findings included a

significant spasm to the lumbar spine, tenderness over the L4-L5 and L5-S1 region, and a positive straight leg raise on the right side. It was noted that the injured worker underwent a prior trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and that it was very helpful in reducing the injured workers symptoms. The California MTUS guidelines do not recommend H-Wave stimulation as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). The medical necessity for this requested device has not been established. The rationale for the use of this device was unclear as it was noted that the injured worker found a TENS unit to be "very helpful". Additionally, there is lack of documentation that this requested device is going to be utilized as an adjunct to a program of evidenced-based functional restoration. As such this request is not medically necessary and appropriate.