

<b>Case Number:</b>	CM14-0118692		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/05/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/5/2001. Per AME supplemental report dated 3/3/2008, the injured worker was permanent and stationary as of July 1, 2003. His diagnoses include 1) disc protrusion/herniation, multilevel cervical spine with probable radiculopathy 2) bilateral carpal tunnel syndrome, status post carpal tunnel release 3) multilevel spondylosis lumbar spine with spinal stenosis and with herniation L3-4, status post laminectomy and discectomy with residual lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave Device:** 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): 117-118.

**Decision rationale:** The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. Per the utilization review dated 7/21/2014, a 6/9/2014 vendor recommendation and history reported that the patient had failed conservative care with Naproxen, physical therapy and a TENS unit. Therefore, a recommendation was made for an H-Wave unit to treat his lower back and neck pain. On 7/10/2014, the vendor's patient compliance and outcome indicated that the patient had used the H-Wave unit for 31 days for his low back injury. It was noted that the patient had utilized the H-Wave in combination with his home exercise program which he had been taught in physical therapy. It was noted that he had been able to decrease his medications and increase his activities of daily living. He quantified his pain relief at 50% with use of the unit and indicated that he had used it once per day for 30 to 45 minutes 7 days a week. There are no medical notes provided for review that support the vendor's assessment and recommendation for continued use of H-Wave unit. Medical necessity has not been established by the requesting physician. The request for Home H-wave Device is determined to not be medically necessary.