

<b>Case Number:</b>	CM14-0128297		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 56 year old male who sustained an injury to his low back on 06/13/13. The mechanism of injury was not documented. The clinical note dated 07/07/14, reported that the injured worker continued to complain of low back pain radiating into the right buttocks and posterior thigh to the knee at 7/10 Visual Analog Scale (VAS). The injured worker also complained of anxiety and depression related to his ongoing constant pain. Current medications included Zanaflex, Norco, Restoril, and Lisinopril. Physical examination of the cervical spine and upper extremities noted no gross deformity; no appreciable swelling or gross atrophy of the paracervical musculature; cervical lordosis is well-maintained; there is no evidence of tilt or torticollis; palpation revealed evidence of tenderness over the interscapular space; decreased sensation over the right C6 and C7 dermatome distributions; orthopedic testing of the cervical spine revealed local pain; motor strength 5/5 throughout the bilateral upper extremities; reflexes 2+ throughout the bilateral upper extremities; examination of the shoulders revealed normal contour; no evidence of appreciable swelling over the bilateral shoulders; no gross atrophy of the shoulder musculature; palpable tenderness over the left shoulder acromioclavicular joint; sensory examination intact; range of motion degrees flexion 180 degrees, extension 50 degrees, abduction 180 degrees, adduction 50 degrees, and bilateral rotation 90 degrees. MRI of the cervical spine dated 09/25/12, revealed previous C4-5 fusion; moderate disc height loss at C5-6 and a broad based protrusion at C5-6 with only minimal narrowing of the foramen on the left; minimal disc height loss at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 purchase of home H-wave device: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <http://www.acoempracguides.org/low-back>; table 2 summary of recommendations low back disorders.

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

**Decision rationale:** The request for 1 purchase of a home H-wave device is not medically necessary. The previous request was denied on the basis that although H-wave stimulators have been shown to be effective in reducing pain from chronic diabetic peripheral neuropathy (a non-work related condition), these devices have not been demonstrated to be effective in treating chronic pain due to ischemia, muscle spasms, muscle sprains, or reducing edema. H-wave stimulators have not been proven to be clinically effective in scientifically controlled studies and do not constitute reasonable and necessary medical care. The CAMTUS states that there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Given this, the request for 1 purchase of a home H-wave device is not indicated as medically necessary.