

<b>Case Number:</b>	CM14-0128837		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 licensed in Chiropractic, 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 33-year-old male born on 11/29/1980. The date of injury is noted as 11/28/2013, but no historical information of injury was provided for this review. The chiropractor's 06/02/2014 PR-2 does not report patient complaints. Objectives were noted as loss of lumbar flexion 42 and extension 15; spasms right 2/4; + Deerfield, Kemp's and Elys; and sensory loss L5-S1. The chiropractor's PR-2 of 06/25/2014 reports the patient was sore from beginning his strengthening program and would need a trial of home H-wave. By examination on 06/25/2014 pain/tenderness L4-L5, L5-S1 and right SI; sensory loss right L5; (-) EMG/NCV; spasms right 3/4 and left 2/4; + SLR and Kemp's were reported. Diagnoses were noted as lumbar sprain/strain, lumbar segmental dysfunction, and lumbar mild spasms. The patient was to continue work conditioning program. The chiropractor's PR-2 of 07/02/2014 reports the patient having less back muscle spasm and less leg pain with treatment and strengthening program. Objective findings on 07/02/2014 were noted as pain L4-L5 and L5-S1; + SLR at 60 right and 80 left; Kemp's + on right and - on left; decreased spasm 2.4 L4-L5; and increased leg strength 4.0, 4.1, and 4.0. The patient was to continue work conditioning/strengthening program with TTD through 08/01/2014 and re-evaluation for P&S status in 4 weeks. The patient underwent lumbar spine MRI on 07/10/2014 with impressions including straightening of lumbar lordotic curvature, disc desiccation and annular tear L5-S1, and posterior disc herniations at L3-L4, L4-L5 and L5-S1. The chiropractor's PR-2 of 07/18/2014 does not report patient complaints or objective examination findings. The chiropractor's narrative report of 07/30/2014 reported by checklist fashion patient complaints of pain and patient exhibits impaired Activities of Daily Living. The patient was afforded a trial of home H wave from 06/25/2014 to 07/14/2014 with reported decreased need for oral medications and ability to perform more activity and greater overall function. The treatment plan was purchase of H-wave device to be used at a frequency of 2 times

per day for 30-60 min. per treatment PRN. The chiropractor's PR-2 of 08/05/2014, indicates the patient had shown improvements with his strengthening/conditioning program and was approaching MMI status and was to be TTD until 09/01/2014. Objectives were reported as increased ROM; decreased spasms right 2/4; + SLR, Elys and MRI; and increased leg strength 3.4, 3.3, and 3.4. An undated letter of reconsideration for H-wave was submitted for this review. The purpose of recommending H-wave was to reduce and/or eliminate inflammation and accelerate healing. No measured treatment objectives or evidence the device would be used as an adjunct to a program of evidence-based functional restoration was noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H-Wave Unit and Supplies (rental or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines) reports H-Wave stimulation 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. This patient has not been diagnosed with diabetic neuropathic pain. Submitted documentation does not provide evidence the H-Wave stimulation unit would be used as an adjunct to a program of evidence-based functional restoration, and there is no evidence of the patient failing initially recommended conservative care. The chiropractor's PR-2 of 07/02/2014 reports the patient having less back muscle spasm and less leg pain with treatment and strengthening program. The chiropractor's PR-2 of 08/05/2014 indicates the patient had shown improvements with his strengthening/conditioning program, objectives were improving and he was approaching MMI status. The submitted documentation does not report the patient is suffering the effects of diabetic neuropathic pain, and there is no evidence the H-Wave unit would be used as an adjunct to a program of evidence-based functional restoration following failure of conservative care; therefore, H-Wave stimulation is not medically necessary.