

<b>Case Number:</b>	CM14-0157083		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 injured worker is a 63-year-old female who reported injury on 11/02/2006. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar degenerative disc disease and lumbar radiculopathy. The injured worker's past treatments included sacroiliac joint injection on the left side and H-wave trial. The injured worker's diagnostic testing included official CT of the lumbar spine on 02/14/2014, which indicated no interval change. The injured worker's surgical history was not provided. On the clinical note dated 07/16/2013, the injured worker complained of an increase in pain with activities. The injured worker had thoracolumbar range of motion restricted by 50%, lower extremity motor examination was 5/5 for all motor groups, and sensory examination was normal. The injured worker indicated she had improvement from the treatment with the H-wave unit. The injured worker's medications were not provided. The request is for DME H-wave unit purchase. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: H-Wave Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8: Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation

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

**Decision rationale:** The request for DME: H-wave unit purchase is not medically necessary. The injured worker is diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. The injured worker complains of pain with activities. The California MTUS Guidelines do not recommend an H-wave unit as an isolated intervention, but does recommend for a 1 month home-based trial. 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, medications, plus transcutaneous electrical nerve stimulation (TENS). The one month H-wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than 1 month should be justified by documentation submitted for review. The injured worker started the H-wave trial on 06/04/2014. The injured worker indicated that she has improvement from the treatment of the H-wave unit but still has an increase in pain with activities. The medical records lack documentation of the injured worker utilizing physical therapy, TENS unit, or medications prior to the H-wave trial. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain efficacy with unit. Additionally, the request does not indicate the frequency and application site for the H-wave unit. The medical records indicate the injured worker is encouraged to continue her home exercise program with usage of the H-wave unit. As such, the request for DME: H-wave unit purchase is not medically necessary.