

<b>Case Number:</b>	CM14-0173408		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 12/08/2009. The listed diagnosis per [REDACTED] is low back pain. According to progress report 10/06/2014, the patient has trialed an H-wave unit for 1 month. The patient has reported the ability to perform more activity and greater overall function due to the use of H-wave device. The patient states that he is able to sit longer after utilizing the H-wave. The patient is utilizing the unit 3 times per day 7 days a week for 45-minute sessions. Home electrotherapy recommendation and history from 08/26/2014 states the patient has tried conservative care including medications, physical therapy, and 4 months of TENS unit in 2013 which did not provide adequate relief or benefit. The treating physician is requesting Purchase/infinite use of 1 H-wave device to be used 30 to 60 minutes sessions as needed. Treating physician states that the unit has "shown to be an effective self-administered drug-free treatment option." The Utilization Review denied the request on 10/15/2014. Treatment reports from 05/05/2014 through 10/24/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Home H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting purchase/infinite H-wave device for home use. The treating physician states in his request for authorization from 10/06/2014 that the unit has shown to be an effective self-administered drug-free treatment option. The MTUS Guidelines regarding H-wave devices page 117 states that a 30-day trial may be recommend "and only following failure of initially recommended conservative care including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states, "The 1-month HWT 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 with any functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than 1 month should be justified by documentation submitted for review." In this case, the treating physician states in his 10/06/2014 report that the patient reported ability to perform more activity and greater overall function due to the use of H-wave unit. Review of the medical file indicates that the patient was utilizing Norco, Celebrex, and Neurontin throughout the H-wave trial. The monthly progress reports do not discuss decrease in medication intake. MTUS states that trial periods of more than 1 month should be justified by documentation of increased function and medication reduction. In this case, given the lack of sufficient documentation of medication reduction, recommendation for a purchase for indefinite use of the H-wave unit is not medically necessary and appropriate.