

<b>Case Number:</b>	CM14-0180644		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 24 year old female who had a work injury dated 5/15/09. The diagnoses include displacement of disc without myelopathy and thoracic/lumbosacral radiculitis. Under consideration are requests for Home H-Wave Device. There is a 10/16/14 request for authorization for a home H wave that states that a physician prescribed the patient a free 30 day trial with an H-Wave unit after first fading conservative treatment options including physical therapy, medications and a standard TENS unit as benefits were reported as a result of this trial the prescribing physician is now requesting the purchase of the Home H Wave Device. There is a progress note dated 6/17/2014 that states that on physical exam there is moderate generalized tenderness in the lumbar area with full range of motion. Strength is 5/5 in all muscle groups. Antalgic gait favors the right side. DTRs are normal and symmetric. Faber, patrick and straight leg raise are negative.

### 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 Page(s): 117.

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

**Decision rationale:** Home H-Wave Device is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend an H wave 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-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 within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not clearly indicate in the physician's progress notes whether or not the home H wave has had any positive outcomes for the patient. The DME vendor's documentation of patient benefit from the H wave is not corroborated in the physician's progress notes. The request for a home H wave device is not medically necessary.