

<b>Case Number:</b>	CM14-0024312		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Internal Medicine has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52-year-old with a date of injury of 09/22/03. A progress report associated with the request for services, dated 01/29/14, identified subjective complaints of ongoing back pain with decreased function. Previous diagnoses have included lumbar disc disease. Treatment has included H-wave therapy with a report on 12/23/13 indicating a 30% improvement in pain after 90 days of use. He has also undergone epidural nerve blocks. A Utilization Review determination was rendered on 02/12/14 recommending non-certification of "home H-wave unit, rental, three additional months, lumbar spine". recommending non-certification of "home H-wave unit, rental, three additional months, lumbar spine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE UNIT, RENTAL, THREE ADDITIONAL MONTHS, LUMBAR SPINE:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and H-wave Stimulation Page(s): 114-118.

**Decision rationale:** H-wave therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The California Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrotherapy is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include:- Neuropathic pain-CRPS I and II-Phantom limb pain-Spasticity-Multiple sclerosisFor chronic intractable pain from these conditions, the following criteria must be met:-Documentation of pain for at least three months duration.-Evidence that other appropriate pain modalities have been tried (including medication) and failed.-A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function.-Other ongoing pain treatment should also be documented during the trial period including medication usage.-A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.The MTUS Guidelines specifically state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial may be considered for diabetic neuropathy or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, medications, and TENS. A recent low-quality meta-analysis concluded that H-wave therapy had a moderate to strong effect in providing pain relief, reducing the requirement for medication, and increasing functionality. In this case, the H-wave therapy unit is being requested for a type of pain not specified as indicated for treatment. Transcutaneous electrotherapy is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Therefore, there is no documented medical necessity for an additional rental of an H-wave therapy unit.