

<b>Case Number:</b>	CM14-0025816		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 and Washington. 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 49-year-old who reported an injury on February 15, 2013 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated February 3, 2014, the injured worker complained of pain that only radiated down to his left hip. It was also noted that the injured worker had difficulty with standing and walked with a slight antalgic gait pattern. Prior treatments included physical therapy, pain medications, and home exercises. It was also annotated that the injured worker continued to demonstrate limited range of motion with flexion, extension of which caused difficulty with performing activities of daily living such as putting his shoes on or dressing. The diagnosis included lumbosacral strain. It was annotated that the injured worker had completed ten sessions of physical therapy and the treatment plan included a recommendation of continued therapy one to two times a week for an additional six visits and a request for H-wave electrostimulation for home use to help manage the injured worker's pain symptoms. The Request for Authorization for a 30 day evaluation trial of the H-wave health care system for the diagnosis of lumbar strain was submitted on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty day trial of an H-Wave unit for the low back:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 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, posttranscutaneous electrical nerve stimulation (TENS). There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, progress of physical therapy sessions, or failure of other conservative therapies such as the use of NSAIDs (non-steroidal anti-inflammatory drugs). Furthermore, there is a request for an additional physical therapy sessions to help accomplish the injured worker's goals of increased range of motion and functional limits. Therefore, the request for a thirty day trial of an H-wave unit for the low back is not medically necessary or appropriate.