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| <b>Case Number:</b>   | CM14-0026652 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 09/12/2007 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 & Rehabilitation, has a subspecialty in Sports Medicine 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 56 year old male who reported an injury on 09/12/2007 due lifting a large heavy container. The injured worker complained of lower back pain radiating to his right leg pain. On physical examination dated 01/10/2014 the injured worker reported no improvement since last visit on 12/13/2013, there is no VAS pain scale or pain assessment documented. The injured worker reported on that clinical visit, lower back is slowly improving with physical therapy. However, there were no documented notes on progress of physical therapy. The injured worker's medications included Norco, and Gabapentin. The injured worker's diagnoses listed as Cervical stenosis with early myelopathy, lumbago status post L-4-5 and large ventricle abdominal hernia. Treatment plan s for H-wave unit purchase to be used 30-60 minutes as needed to lumbar. The request for authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PURCHASE H-WAVE UNIT TO BE USED 30-60 MINUTES AS NEEDED TO LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (Hwt) Page(s): 117.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (chronic pain) guidelines indicates H-wave stimulator is not recommended as an isolated intervention, but a one-month home-base trial of H-wave stimulation may be considered as a noninvasive option for diabetic neuropathic pain or chronic soft tissue restoration, and only following failure of initially recommended conservative care. Conservative care includes physical therapy, medications, plus transcutaneous electrical nerve stimulation (TENS). Guidelines also indicates in recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy including physical therapy, medications, and TENS. The injured worker reported on clinical visit 12/13/2013 that his lower back was slowly getting better with physical therapy, however there is no progress note documentation for physical therapy. California MTUS states a patient must have a fail TENS unit trial in order to be considered for an H-wave unit. There is no documentation that the injured worker had received a TENS unit trial. Therefore the request for one H-wave unit purchase to be used 30-60 minutes as needed to lumbar is not medically necessary.