

<b>Case Number:</b>	CM14-0027309		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/07/2014
<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 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 65-year-old male who reported an injury after lifting a large tarp with a 15 foot long 2 x 4 and throwing it overhead on 10/14/2009. In the clinical notes dated 09/30/2013, the injured worker complained of ongoing low back pain which had improved following hardware removal. He also complained of ongoing right knee pain. Prior treatments included physical therapy, injections, pain medications, and other conservative treatments. The injured worker's prescribed pain medication regimen included Norco, Restoril, Cialis, Staxyn, Bactrim DS, Levaquin, and Neurontin. The physical examination of the lumbar spine and lower extremities revealed that the injured worker continued to utilize a single point cane and bilateral AFOs. The diagnoses included status post L3-4 medial facetectomy and lateral recess decompression; right knee internal derangement; status post L4-5 transforaminal lumbar interbody fusion with cage instrumentation; recurrent disc herniation at the L4-5 level, status post microdiscectomy; complex regional pain syndrome of bilateral lower extremities; bilateral lumbar radiculopathy; bilateral foot drop; and status post removal of hardware, lumbar spine dated 05/30/2013. The treatment plan included a request for right knee Synvisc 1 injection, authorization for an H wave unit, followup in 4-6 weeks for re-evaluation and anticipation of MMI status at next visit. The request for authorization for H wave device purchase was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE DEVICE, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION

Page(s): 117-118.

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

**Decision rationale:** The request for H wave device purchase is non-certified. The California MTUS Guidelines state that H wave stimulation (HWT) 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 plus transcutaneous electrical nerve stimulation (TENS). The 1 month HWT trial may be appropriate to permit the physician to provide her license to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) as to how often the unit is used as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. In the clinical notes provided for review, there is a lack of documentation of the injured worker's progress with physical therapy and with home exercise program. There is also lack of documentation of the injured worker's pain level status with or without the use of pain medications. Therefore, the request for H wave device purchase is non-certified.