

<b>Case Number:</b>	CM14-0029136		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and is licensed to practice in California & 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 37-year-old male who reported an injury on 08/04/2013 of an unknown mechanism. He had diagnoses of musculoligamentous sprain of lumbar spine without lower extremity radiculitis and disc bulge of the lumbar spine confirmed by a MRI on 09/19/2013. His past treatments included medications, physical therapy, and a clinical trial of a TENS unit; which provided no relief per documentation. The injured worker complained of pain, limited range of motion, numbness and tingling that worsened with sitting. Objective findings on 02/04/2014 stated that the injured worker exhibited impaired activities of daily living and pain. His medications were naproxen, tramadol, omeprazole, and cyclobenzaprine. The treatment plan was for the purchase of an H-wave unit to use 2 times a day at 30 minutes per treatment as needed, to reduce and/or eliminate pain, improve functional capacity and activities of daily living, reduce or prevent the need for oral medications, improve circulation and decrease congestion in the injured region, decrease or prevent muscle spasms and muscle atrophy, and provide a self-management tool to the injured worker. There was a rationale for the request. The Request for Authorization form was not submitted for review.

### 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 Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** The injured worker complained of pain, limited range of motion, and limited activities of daily living. His past treatments included physical therapy, medications, and a clinical trial of the TENS unit (which did not provide any relief). California MTUS Guidelines do not recommend H-wave stimulation 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 neuropathy pain or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration, and only following the failure of initially recommended conservative care (including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation [TENS]). Documentation showed that the injured worker did have 120 days of use of the H-wave unit in home and he reported a decrease in medication, increase in daily activities, and 40% relief of his low back pain. The clinical documentation submitted did not indicate that a program of evidence-based functional restoration was in an adjunct to the trial of the H-wave. In addition, the request did not state whether the H-wave device was for a trial or purchase or specify the area of treatment. Given the above, the request for a home H-wave device is not medically necessary.