

<b>Case Number:</b>	CM14-0030440		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 44-year-old male with an injury date of 11/12/12. At the time of request for authorization for H-wave machine (2/27/14), low back, there is documentation of subjective (low back pain unchanged, constant, rated 4-5/10, pain increased with activities) and objective (pain with forward bending at 45 degrees, difficulty straightening back up, Faber test bilaterally causes complaint of lower back pain) findings. Current diagnoses (lumbar strain and sprain, degenerative disc disease, bilateral groin pain rule out hernia verses referred lower back pain), and treatment to date (chiropractic, home exercise program, physical therapy, medications, and H-wave (used for an hour which provided about 2 hours of pain relief per day and this minimized use of medications). There is no documentation of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave machine, low back:** 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 Guidelines H-wave stimulation (HWT), page(s) 117-118 Page(s): 117-118.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and sprain, degenerative disc disease, and bilateral groin pain rule out hernia verses referred lower back pain. In addition, there is documentation of chronic soft tissue inflammation, that H-wave is used as an adjunct to a program of evidence-based functional restoration, following failure of initially recommended conservative care, including recommended physical therapy and medications, as long as a trial of H-wave stimulation with reported pain relief. However, there is no documentation of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for H-wave machine, low back is not medically necessary.