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| <b>Case Number:</b>   | CM14-0039846 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 11/09/2009 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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 Occupational 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 patient is a 30 year old male who was injured on 11/09/2009 when he was involved in a motor vehicle accident. He complains of low back pain. The patient was treated conservatively with physical therapy and medications. He has also had a TENS unit which provided him with no relief. Prior medication history included methadone and gralise. The patient had EMG/NCV studies done on 02/25/2011 which revealed no evidence of radiculopathy or neuropathy in the right lower extremity. MRI of the lumbar spine dated 12/30/2009 revealed mild facet degeneration at the lower lumbar levels. Progress report dated 02/26/2014 states the patient complained of low back pain with constant throbbing and burning type pain; pain radiates to the right leg and right foot; and the patient reported that the H-wave unit helped with flexibility and pain. Pain is rated as 8-9/10 in severity. Objective findings on exam revealed spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. There is tenderness noted in the lumbar facet joints bilaterally. Strength is 5/5 in all bilateral lower extremities. Diagnoses are chronic low back pain, lumbar facet arthritis, right sacroilitis, possible lumbar radiculopathy and myofascial pain. The patient was recommended to obtain a MRI of the lumbar spine to rule out underlying gross abnormality in view of worsening of his pain and a H-wave unit purchase. Prior utilization review dated 03/14/2014 states the request for DME Home H-Wave device is not authorized as it is not recommended in this clinical scenario.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Home H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, MTUS, 8 C.C.R. 9792.20-9792.26 Page(s): 117.

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

**Decision rationale:** According to the MTUS guidelines, a one-month trial of H-Wave stimulation may be recommended as an adjunct to a program of evidence-based functional restoration if the patient has failed standard conservative care including TENS unit trial. Based on the medical records provided for review, the patient has used H-Wave stimulation for several months with reports of a significant reduction in pain and improved lumbar range of motion. However, the patient continues to complain of severe debilitating pain. Further, there has been no clinically significant functional improvement, reduction in dependency on medical care, or reduction in opioid medication use while using the H-Wave device. There is no documentation of concurrent involvement in evidence-based functional restoration. Furthermore, symptoms are not corroborated by diagnostic studies. Therefore, the request for a Home H-Wave device is not medically necessary and appropriate.