

<b>Case Number:</b>	CM14-0041307		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 45-year-old male with a 6/9/13 date of injury. At the time (2/25/14) of request for authorization for Home H-wave device rental x3 months for low back, there is documentation of subjective (pain and impaired activities of daily living) and objective (5/5 bilateral lower extremity strength, sensation intact but decreased over bilateral heels, deep tendon reflexes +2 and symmetric, tenderness over paraspinals, increasing pain with flexion and extension, straight leg raise elicits pain in buttocks bilaterally), current diagnoses (lumbar disc degeneration, lumbar neuritis, and lumbar sprain), and treatment to date (epidural steroid injection, TENS (with no relief), physical therapy, home exercise program, and medications (including NSAIDS, muscle relaxants, and opioids)). There is no documentation of chronic soft tissue inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device rental x3 months for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints 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, 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 disc degeneration, lumbar neuritis, and lumbar sprain. In addition, there is documentation of H-wave as an adjunct to a program of evidence-based functional restoration and following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation. In addition, the requested 3 month rental exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Home H-wave device rental x3 months for low back is not medically necessary.