

<b>Case Number:</b>	CM14-0042926		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, has a subspecialty in Pain 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:

This is a 48-year-old male patient with a date of injury on 11/30/2007. Diagnosis is lumbar disc displacement. A request for home H-Wave device for purchase was noncertified at utilization review on 03/25/14, noting that guidelines do not recommend the use of H-Wave as an isolated therapeutic modality, and requires documented trials of TENS unit with documented failed driving functional benefit. There is no documentation of such failed TENS trials. There is a templated request for authorization form dated 03/13/14 indicating the patient complains of pain and exhibits impaired activities of daily living. A purchase of home H-Wave device and system to be used 2 times per day for 30-60 minutes per treatment was requested. There were no subjective objective findings noted. A form dated 10/18/13 reported conservative care already performed included medication, physical therapy, and TENS (approximately February or March through present). It was reported TENS did not provide adequate relief/benefit. There is a H-Wave Patient Compliance and Outcome Report indicating that a trial of home H-Wave was initiated on 11/12/2013 and date of this survey was 03/18/2014, noting 126 days of use. The patient reported H-Wave helps more than prior treatment and noted that other treatments used prior to the home H-Wave included TENS units, physical therapy, and medications. The patient is now using no medications and only uses H-Wave and pain patches. The patient reported being able to walk farther and better as using the H-Wave relaxes him. Percentage of improvement was reported as 50%. Progress report dated 02/11/14 noted the patient presenting with complaints of low back ache, per patient with a higher level of low back pain aggravated by colder and wet rating weather. The patient reported Lidoderm patch has been helpful at addressing local pain across the lumbar spine and H-Wave use has been helpful in keeping pain levels more tolerable. He is trying regular daily H-Wave use for pain relief. He continues to use Lidoderm patch for some local relief of low back pain. Objective findings revealed restricted

lumbar range of motion secondary to pain in all planes. There was paravertebral muscle hypertonicity, spasm, tenderness and pain muscle bands noted on both sides. Spinous process tenderness was noted at L3, L4, and L5. Gains in's test was positive. Lumbar facet loading was positive bilaterally. FABER test was positive, Fortin Finger test was positive, and Gillet test was positive. There is tenderness noted over the posterior iliac spine on both sides as well as sacroiliac spine an bilateral SI joints. Tenderness was noted over the groin, SI joint, trochanter. Motor examination revealed reduced strength to the bilateral lower extremities. Light touch sensation was decreased over the bilateral lateral foot, medial foot, medial calf, lateral calf, posterior thigh, lateral thigh, as well as dysesthesias across the lumbar paraspinals on both sides. Plan was to continue Lidoderm patch for local analgesia and pain relief. It was reported that prior to regular use of the H-Wave the patient reported he was frustrated with constant unremitting pain with physical activities, but now using the H-Wave he finds some relief of his daily pain, especially after he has more physical movements that in the past would cause extreme pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home H-Wave device for purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, H-wave stimulation (HWT) Page(s): 98, 117. Decision based on Non-MTUS Citation ACOEM Practice Guideline's Insight AKA APG; ACOEM Practice Guideline's Insight AKA APG Insights, Fall 2004 Winter 2005, pg 1.

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

**Decision rationale:** California MTUS Treatment Guidelines regarding H-wave Stimulation state, a one-month trial of H-wave stimulation may be considered as an option for 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 and TENS. In this case, the patient has tried and failed other conservative options including physical therapy, medications, and TENS. He has undergone a home H-wave trial for 128 days, reporting 50% reduction in pain as well as improvement in function. The patient is now using no medications and only uses H-Wave and pain patches. The patient reported being able to walk farther and better as using the H-Wave relaxes him. It was reported that prior to regular use of the H-Wave the patient reported he was frustrated with constant unremitting pain with physical activities, but now using the H-Wave he finds some relief of his daily pain, especially after he has more physical movements that in the past would cause extreme pain. The patient has discontinued all opioid use. Given there appears to be significant pain relief and functional benefit as a result of the home H-Wave trial and the patient has failed TENS, physical therapy and oral medications purchase of a home H-Wave device is medically necessary and appropriate.