

<b>Case Number:</b>	CM14-0043359		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Interventional Spine 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 62 year old male with an injury date of 10/08/07. The patient complains of ongoing pain, swelling, spasms and muscle atrophy to injured area, loss of sleep and limited function and mobility (date of report not provided). "Conservative treatment including TENS, PT, and medications have failed to give patient satisfactory relief." The patient is diagnosed with lower back pain. Three treatment reports were provided (date of reports not clear).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

**Decision rationale:** The patient presents with ongoing pain, swelling, spasms and muscle atrophy to injured area, loss of sleep and limited function and mobility (date of report not provided). The request is for a Home H-wave Device to help with pain management, circulation, inflammation, muscles spasms, and numbness in his lower back. The patient has been using the

H-wave device two times per day for 30-60 minutes per treatment prn. "The patient's 30 day trial and continued use of H-wave shows beneficial results including decrease in pain and medication. Increased function, mobility and range of motion. Treatments combined with home exercise program have significantly helped patient..." (date of report not provided). Per MTUS Guidelines, "H-wave is not recommended 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, neuropathic pain, or 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." MTUS further states trial periods of more than 1 month should be justified by documentation submitted for review. "The H-wave has allowed the patient to participate in a directed rehabilitation exercise program for the past year and he has experienced significant functional improvements, increased mobility and increased range of motion from the combined treatments. The patient reports he is able to participate more in everyday activities and states that he has been able to walk farther, do more housework and have more family interaction. The patient's sleep has also improved since using the H-wave device...Daily medication intake has decreased. Tramadol has been reduced by 100 mg daily and Mobic has been reduced by half from 15 mg daily to 7.5 mg... On average, there has been a 40% decrease in pain levels lasting up to 3 hours after each treatment..." (Date of report not provided). The patient has clearly decreased his medication intake and has improved ADLs. Therefore, this request is medically necessary.