

<b>Case Number:</b>	CM14-0055213		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Family Medicine and is licensed to practice in Texas. 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 44 year old male patient who sustained a work related injury on 12/06/2010. He sustained the twisting injury while walking with pallet down. The current diagnosis includes lumbago. Per the doctor's note dated 3/26/14, patient had complaints of low back pain. Physical examination revealed lumbar spine- range of motion- flexion 80, extension 10 degrees and limited right side bending, tenderness over the lumbar paraspinals, normal strength, sensation and negative straight leg raising test. The medication list includes Norco and Zofran. He has had lumbar spine MRI dated 3/20/14 which revealed a small posterior disc bulge at L4-5 and moderate facet joint arthritis at L5-S1; electro diagnostic studies dated 12/5/13 which revealed bilateral S1 radiculitis. He has undergone arthroscopic rotator cuff repair in 2011 and a hernia repair. He has had epidural steroid injection at S1 on 1/14/14. He has had urine drug screen on 12/18/13 with inconsistent results. He has had acupuncture, physical therapy and chiropractic visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave.

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including TENS and pharmacotherapy for this diagnosis. Evidence of failure of conservative therapy including physical therapy is not specified in the records provided. The medical necessity for Home H-Wave Device is not fully established for this patient at this juncture. The medical necessity for Home H-Wave Device is not fully established for this patient at this juncture.