

<b>Case Number:</b>	CM14-0062928		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 43-year-old female who sustained a work related injury on 3/15/2012 because of an unknown mechanism of injury. Since then she has had a complaint of coccygeal / buttock pain and right shoulder pain with shoulder stiffness. Physical examination reveals tenderness to palpation of the right shoulder and lower back with noted decrease in range of motion. (These physical examination findings repeat themselves for months from Oct of 2013 until March of 2014.) According to the H-wave Patient Compliance and Outcome Report, the patient experiences a 30% improvement in her pain complaint after 299 days of use. This has allowed for more family interaction, further walks, and improved sitting duration. The patient has had a right shoulder injection toward the end of 2013, and is currently utilizing compounded creams for pain management. In dispute is a decision for the purchase of a home H-Wave device for the lumbar (spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME): Purchase Of Home H-Wave Device For The Lumbar:**  
Upheld

**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 Pain Intervention and Treatments Page(s): 117-118.

**Decision rationale:** 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. H-wave stimulation is sometimes used for the treatment of pain related to muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. Based upon the medical documentation provided, there is no evidence of neuropathic pain of any description. In addition, since given medical documentation that goes back to only Oct of 2013, I saw no evidence of having previously failed conservative management, having undergone physical therapy or prior use of a TENS unit, as required by the CA MTUS guidelines for use of an electrical nerve stimulating device therefore this request is not medically necessary.