

<b>Case Number:</b>	CM14-0078565		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/08/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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:

According to the records made available for review, this is a 66-year-old female with a 3/8/05 date of injury. At the time (4/24/14) of request for authorization for 30 Day trial of Home H-Wave Unit, there is documentation of subjective (low back pain radiating to the right leg and foot with foot drop; and right shoulder pain) and objective (tenderness to palpation over the trapezius muscles with reduced bilateral shoulder range of motion, tenderness in the lumbar paravertebral area with limitation of motion, positive Kemp's test, and positive straight leg raise test) findings, current diagnoses (status post right shoulder surgery x2, right shoulder adhesive capsulitis, status post posterior lumbar interbody fusion in July 2013, and right foot drop), and treatment to date (physical therapy, exercise, TENS unit, medications, and home exercise program). In addition, medical report identifies a request for acupuncture treatments and H-wave trial. 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:

**30 Day trial of Home H-Wave Unit:** 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 Low Back Complaints Page(s): 117-118.

**Decision rationale:** The 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 status post right shoulder surgery x2, right shoulder adhesive capsulitis, status post posterior lumbar interbody fusion in July 2013, and right foot drop. In addition, there is documentation that the H-wave will be used as an adjunct to a program of evidence-based functional restoration (acupuncture) and failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, despite documentation of low back pain and right shoulder pain, there is no documentation of chronic soft tissue inflammation. Therefore, based on guidelines and a review of the evidence, the request for 30 Day trial of Home H-Wave Unit is not medically necessary.