

<b>Case Number:</b>	CM14-0083773		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 56-year-old male with a reported date of injury on 09/06/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include musculoligamentous injury of the lumbosacral spine, radiculitis, and myofasciitis. His treatments were noted to include chiropractic care, physical therapy, home stretching and exercise program, and medications. The progress report dated 01/21/2014 revealed the injured worker complained of moderate low back pain described as dull and rated 8/10. The injured worker also reported frequent moderate right hip pain that was sharp and rated 10/10 and frequent moderate right leg sharp pain and numbness rated 8/10. The physical examination of the lumbosacral spine revealed flexion was to 80 degrees, extension was to 30 degrees, right/left lateral flexion was to 20 degrees, and right/left rotation was to 20 degrees. He was noted to have a positive Kemp's, Ely's, and iliac compression on the right, as well as a positive straight leg raise. There was tenderness to palpation over the sacroiliac joints, and the right foot continued to be numb and had diminished sensation to light touch. The progress note dated 05/12/2014 revealed that he complained of pain and exhibited impairment of activities of daily living. He had utilized the H-Wave device for evaluation purposes and indicated that he had more ability to perform more activity and greater overall function and could sleep better. On the patient compliance and outcome report dated 04/22/2014 after 22 days of use, the injured worker indicated the H-Wave had helped him more than prior treatments. He was taking medication at the time of the H-Wave; however, it did not allow him to decrease or eliminate the amount of medication taken. The request for authorization form dated 03/12/2014 was for a home H-Wave device to eliminate pain and improve functional capacity and activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), H-Wave Stimulation Page(s): 117-118.

**Decision rationale:** The injured worker utilized a home based trial of H-Wave and revealed it helped him more than prior treatments; however, it did not decrease or eliminate the amount of medication taken but it helped him to sleep better. The California Chronic Pain Medical Treatment Guidelines do not recommend an H-Wave as an isolated intervention, but a 1 month 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The Guidelines state there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The 1 month H-Wave trial may be appropriate to permit the physician and provider license to provide physical therapy to study the effects and benefits, and it 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 and term of pain relief and function. Rental would be preferred over purchase during this trial. There is a lack of documentation regarding improved functional status and a reduction in pain medication during the H-Wave trial. Therefore, due to the lack of reduction of pain medication and the lack of improved functional status, an H-Wave is not appropriate at this time. Therefore, the request for a home H-Wave unit is not medically necessary.