

<b>Case Number:</b>	CM14-0089362		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

This 45 year-old patient sustained an injury on 6/9/13 while employed by [REDACTED]. Request(s) under consideration include H-wave device purchase for low back. Diagnoses include lumbosacral disc degeneration; lumbar sprain; lumbago; and lumbosacral neuritis. Report from the provider noted patient had trial of H-wave unit reporting 50% improvement in symptoms; however, the device had helped with muscle tightness, range, and endurance, but the patient stated he was still having "disc" pain. There was no notation of TENS (transcutaneous electrical nerve stimulation) unit trial. Pain level noted 8/10 without medications and 5/10 with medications; there was no VAS (visual analog scale) evaluation in terms of H-wave use. Exam showed tenderness over paraspinal and was increased with limited range of motion; sensation was intact with 5/5 motor strength; positive SLR (straight leg raise) in the buttocks bilaterally. Treatment plan included repeating lumbar epidural steroid injections which provided 60% pain relief for about 5 days from the initial injection; medications were refilled. The request(s) for H-wave device purchase for low back was non-certified on 6/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device purchase for low back:** 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 Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, Page(s): 115-118.

**Decision rationale:** This 45 year-old patient sustained an injury on 6/9/13 while employed by [REDACTED]. Request(s) under consideration include H-wave device purchase for low back. Diagnoses include lumbosacral disc degeneration; lumbar sprain; lumbago; and lumbosacral neuritis. Report from the provider noted patient had trial of H-wave unit reporting 50% improvement in symptoms; however, the device had helped with muscle tightness, range, and endurance, but the patient stated he was still having "disc" pain. There was no notation of TENS unit trial. Pain level noted 8/10 without medications and 5/10 with medications; there was no VAS evaluation in terms of H-wave use. Exam showed tenderness over paraspinal and was increased with limited range of motion; sensation was intact with 5/5 motor strength; positive SLR in the buttocks bilaterally. Treatment plan included repeating lumbar epidural steroid injections which provided 60% pain relief for about 5 days from the initial injection; medications were refilled. The request(s) for H-wave device purchase for low back was non-certified on 6/3/14. Submitted reports have not provided any specific decreasing dose of medications or increase in ADLs (activity of daily living) as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT (h-wave therapy) rental trial to be appropriate to permit the physician and provider licensed 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 in terms of pain relief and function. The patient has had an H-wave trial use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. There is also no documented failed trial of TENS unit nor any indication the patient has a home exercise program for adjunctive exercise towards a functional restoration approach per submitted report by the provider. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The H-wave device purchase for low back is not medically necessary and appropriate.