

<b>Case Number:</b>	CM13-0025266		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male who reported an injury on 03/06/2009. The mechanism of injury was a forklift accident which caused the injured worker to land in a sitting position. His diagnoses were noted to include chronic neck and back pain, lumbar radiculopathy, and cervical radiculopathy. His diagnostic studies were noted to include an MRI of the lumbar spine, performed on 11/20/2012, which was noted to reveal a diffuse posterior disc bulge at L3-4 and L4-5, with mild to moderate facet joint arthrosis at L4-5. His past treatments were noted to include medication, epidural steroid injection, activity modification, physical therapy, and H-wave unit. During the assessment on 08/27/2013, the injured worker complained of back pain. He indicated that he had taken naproxen which had helped but caused mild gastritis and took Norco; however, caused constipation. He also stated that he was doing well with the H-wave unit. He indicated that he was using the unit twice a day for 1 hour. He indicated that the H-wave unit reduced his pain and allowed him to stay active. He was able to perform activities of daily living for longer periods of time than when he was without it. The treatment plan was to continue Norco as needed, Docuprene, H-wave, start naproxen and Prilosec, and increase range of motion. The rationale for the request was, the H-wave unit helped reduce pain and increased range of motion. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE SYSTEM FOR 30 DAY RENTAL: Upheld**

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

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

**Decision rationale:** The request for H-wave system for 30 day rental is not medically necessary. The California MTUS Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but a 1 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation did not indicate that the use of the H-wave system was going to be used as an adjunct to a program of evidence based functional restoration, such as physical therapy or home exercise program. There was a lack of documentation regarding failure of conservative care treatment such as physical therapy, medications and TENS unit. Given the above, the request is not medically necessary.