

<b>Case Number:</b>	CM14-0188250		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family 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:

This 46 year old male reportedly sustained an injury on March 4, 2014 while participating in a self-defense class. The result is low back pain. Diagnoses include spinal stenosis. Magnetic resonance imaging (MRI) dated June 21, 2014 revealed stenosis L4-L5. Electromyography (EMG) and nerve conduction velocity (NCV) on June 25, 2014 provided findings suggestive of radiculopathy of lumbar spine and noted low back pain radiating to legs. Physical exam noted tenderness on palpation of lumbar region. Reevaluation dated September 4, 2014 refers to undisclosed amount and duration of physical therapy and chiropractic and acupuncture 2 X 6 that have been ineffective. Recommendation is for epidural steroid injection (ESI) and work status is listed as temporary total disability (TTD). Utilization Review references H-Wave survey with the result that the injured worker had decreased need for oral medications and increased function. No further relevant medical documentation was provided. On October 20, 2014 Utilization Review found a request for H-Wave device dated October 16, 2014 to be non-certified referencing California chronic pain medical treatment guidelines not recommending H-Wave as an isolated intervention. Application for independent medical review is dated November 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device:** 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 H-wave stimulation Page(s): 117.

**Decision rationale:** According to guidelines it states H-wave stimulation 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). Based on this H-wave is not medically necessary.