

<b>Case Number:</b>	CM14-0196532		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	09/23/2002
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Practice 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 is a 55 year old male patient who sustained a work related injury on September 23, 2002. The exact mechanism of injury was not specified in the records provided. The current diagnoses include post-laminectomy syndrome of the lumbar spine, lumbar disc with radiculitis and low back pain. Per the doctor's note dated October 27, 2014, patient has complaints of low back pain and bilateral lower extremity pain. Physical examination on 9/16/14 revealed limited range of motion, 3/5 strength, diminished sensation in right lower extremity, positive SLR and normal DTRs. The current medication lists include Lidoderm Patches, Naproxen and Norco. A right sided electromyography was performed and revealed right lumbar-four chronic and lumbar-five subacute radiculopathy. The patient's surgical history includes lumbar four-five fusion in 2003. He also underwent a right transformational epidural steroid injection at lumbar four-five on August 15, 2012, with eighty percent pain relief in the low back pain and complete resolution of the right leg pain. The patient has received an unspecified number of the PT visits for this injury. He had used a home H-Wave unit daily from September 19, 2014 through October 13, 2014 on a trial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Home H-Wave Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) 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)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. He had used a home H-Wave unit daily from September 19, 2014 through October 13, 2014 on a trial basis. The detailed response of previous a home H-Wave unit was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of 1 Home H-Wave Device is not fully established for this patient.