

<b>Case Number:</b>	CM14-0206343		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 39 years old female patient who sustained an injury on 12/23/2012. She sustained the injury while attempting to transfer a patient from a bed to a wheelchair. The current diagnoses include lumbar sprain with radicular pain and left hip sprain. Per the doctor's note dated 12/10/14, she had complaints of lumbar pain with radiation to the left lower extremity; left hip pain. The physical examination revealed difficulty with rising from sitting, normal gait. Per the doctor's note dated 10/17/14, patient had complaints of pain and exhibits impaired activity of daily living. The medications list includes motrin, colace, miralax; cyclo and naproxen topical cream. She has had lumbar spine X-rays dated 6/11/14 which revealed degenerative changes and post surgical changes; lumbar MRI dated 12/17/2013 which revealed degenerative changes. She has undergone surgery for urinary incontinence in 6/2012, an anterior disc replacement surgery of the L5-S1 on 12/18/2013. She has had physical therapy visits and TENS unit for this injury. She has had home H-wave from 7/1/14 to 7/29/14 with 40% subjective benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Purchase:** 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 (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)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy is not specified in the records provided. In addition, patient has tried home H-wave unit from 7/1/2014 to 7/29/2014. Evidence of objective improvement in terms of decreased medications need and increased functional activity with the use of H-wave is not specified in the records provided. The medical necessity for H-Wave Purchase is not fully established for this patient at this juncture.