

<b>Case Number:</b>	CM14-0036605		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 37 year old male with an injury date of 06/26/08. Only one progress report is provided dated 11/12/13 and states the patient presents following an exacerbation of back pain and increased abdominal pain that caused the patient to be hospitalized. CT scan showed the presence of kidney stones and the patient was referred to urology. The patient has continued upper thoracic pain at the thorocolumbar junction. Examination reveals decreased range of motion of the cervical spine along with slightly decreased sensation in the T9 dermatomes bilaterally. There are muscle spasms around the T6 and T9 paraspinal muscles which decreased range of motion. There is also decreased sensation to light touch in the right L3, L4 and L5 dermatomes. The patient's diagnoses include: 1. Hypogonadism 2. Hypertension 3. Osteopenia 4. Thoracic degenerative joint disease 5. Thoracic compression fracture 6. Thoracic herniated nucleus pulposus 7. Kidney stones 8. Pancreatitis 9. Chronic opioid management and dependence 10. MRI showing T8-9 moderate-sized disc protrusion The utilization review being challenged is dated 02/27/14. Two treatment reports were provided dated 11/12/13 and 03/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H Wave Machine Purchase for lumbar spine.:** 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:** The patient presents with thoracic pain along with decreased range of motion of the cervical and thoracic spine and decreased sensation to light touch at the T9 dermatomes bilaterally and at the right L3,4,5 dermatomes on the right. The treater requests for H Wave Machine Purchase For Lumbar Spine per 03/10/14 report. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." There is little information provided regarding the patient's treatment. Only one full progress report is provided dated 11/12/13. The 03/10/14 progress report addendum states the patient presents with pain and impaired ADL's. This report states, "In a survey taken by H-Wave the patient has made the following comments. Patient has reported the ability to perform more activity and greater overall function due to the test of the H-Wave device." The H-Wave survey dated 01/31/14 is included. It states home H-Wave was initiated on 01/21/14 and there has been 10 days of use. The survey also states that TENS and medications were used prior to H-Wave and that H-Wave has helped more than prior treatment. Examples of increased function or activity are listed as, "sit longer, stand longer." The question regarding the ability to decrease or eliminate medication is not answered. Pain is rated at 7/10 before treatment and treatment improves pain at 30%. It is unclear if the treater saw the patient on 03/10/14. No objective findings or examination are provided on any report provided following the start of the H-Wave trial. In this case, it appears the patient has chronic neuropathic pain for which the request is indicated. The patient states there is prior use of TENS, but this trial is not documented by the treater. A survey by H-Wave to document the efficacy of the device is not sufficient documentation unless verified by the treater, and the treater does not mention functional changes that are significant. There are no changes in medication use either when reviewing the progress reports. The request IS NOT medically necessary.