

<b>Case Number:</b>	CM15-0000497		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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

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 (IW) is a 72 year old male, who sustained an industrial injury on January 20, 2014. He has reported low back pain and burning and was diagnosed with lumbago with occasional right hip radiculopathy. Treatment to date has included, diagnostic studies, radiographic imaging, a local steroid injection, TENS unit, physical therapy, H-Wave unit and medications. Currently, the IW complains of low back pain and burning. The IW reported a work related injury on 1/20/2014. X-rays revealed slight degenerative changes. He used multiple treatment types as listed above. He continued to complain of low back pain and burning. Subjectively, the TENS unit and physical therapy had no obvious benefit and did not reduce the IW's pain or allow him to increase functional activity levels. A 30 day free trial of the H-wave device was given to the IW as part of a study. On October 29, 2014, he subjectively reported more benefit from the H-wave device than from other treatment modalities including an increased range of motion and decreased need for oral pain medication. On December 21, 2014, Utilization Review non-certified a prospective request for 1 H-Wave device, noting the MTUS, ACOEM Guidelines were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of a prospective request for 1 H-Wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) H-Wave device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118; H-Wave: Not recommended as an isolated intervention.

**Decision rationale:** Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status, remaining off work without functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of January 2014. There is no documented clear failed trial of TENS unit or PT nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. Report also indicated patient having history of Bladder cancer, a possible contraindication for use of Electrotherapy with H-wave. The patient's work status has remained unchanged. The One (1) H-Wave device is not medically necessary and appropriate.