

<b>Case Number:</b>	CM15-0007561		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 is a 59 year old female, who sustained an industrial injury on 5/18/2010. She has reported back pain radiating to right leg. The diagnoses have included displacement of lumbar intervertebral without spinal stenosis, status post L2-5 lumbar decompression in May 2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, Gabapentin, epidural injections, home exercises, and physical therapy, which was discontinued due to increasing symptoms. Currently on November 26, 2014, the IW reported almost 100% improvement after surgical intervention completed in May 2014, occasional back pain with improvement from medications, and resolved symptoms to the leg. Physical examination documented almost full Range of Motion (ROM) to the back. Diagnoses included lumbar spinal stenosis, lumbar degenerative disc disease, and lumbar disc displacement. The plan of care included continuing medications as necessary. On 12/17/2014 Utilization Review non-certified a H-Wave Unit, noting the documentation did not support prior failed conservative treatment including a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of H-Wave Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit:** 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 Page(s): 117.

**Decision rationale:** Could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. According to the progress report dated November 26, 2014, the patient reported almost 100% improvement after surgical intervention completed in May 2014, occasional back pain with improvement from medications, and resolved symptoms to the leg. Therefore a H-Wave Device is not medically necessary.