

<b>Case Number:</b>	CM15-0107882		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male sustained an industrial injury to the low back on 9/25/08. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 5/12/15, the injured worker complained of pain 5-7/10 on the visual analog scale. The injured worker's scheduled lumbar epidural steroid injection for 5/11/15 had been postponed due to pneumonia. Physical exam was remarkable for decreased sensation to the left lower extremity at the L4, L5 and S1 distributions with diminished ankle reflexes bilaterally and weakness to the left lower extremity. The injured worker had tenderness to palpation at the left sacroiliac joint and bilateral facet joints with decreased range of motion to the lumbar spine. The injured worker's gait was somewhat stooped over and unsteady. Paraspinal muscle spasms were noted. Current diagnoses included lumbago. The treatment plan included requesting authorization for an 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 H-wave stimulation.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) - 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective measurable improvements. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.