MAXIMUS Federal Services

| Case Number: | CM15-0136984 | | |
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| Date Assigned: | 07/24/2015 | Date of Injury: | 10/24/2011 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

## 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, Pain Management

## 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 50 year old male, who sustained an industrial injury on 10/24/2011. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, low back pain, lumbar post-laminectomy syndrome, neck pain, cervical spine degeneration, shoulder pain, rotator cuff tendinitis and chronic pain. Treatment to date has included multiple surgical interventions (lumbar spine L4-5 fusion, 2010, lumbar surgery, 2012, left shoulder arthroscopy, 2013 and right shoulder surgery, 2014), medications including Tramadol, Lyrica and Naproxen, home exercise and H-wave device. A progress report dated April 2, 2015 indicates that the patient uses the H-wave unit 3-4 times per week and it "is very helpful." The note indicates that the patient has been approved for a 30 day trial since the tens unit is not as helpful. A progress report dated April 30, 2015 states that the patient continues to use an H-wave device about twice a day but it only helps approximately one hour so he has resumed using the tens unit. Per the Primary Treating Physician's Progress Report dated 6/25/2015, the injured worker reported neck, shoulder and low back pain with radiation to the left leg. He also reports an increase in left leg weakness. Physical examination of the lumbar spine revealed intact sensation but diminished in the left lateral leg, moderate tenderness in the left paraspinous muscles and a positive straight leg raise bilaterally. Examination of the bilateral shoulders revealed diffuse tenderness to palpation at the anterior shoulders bilaterally. The plan of care included medication management, home stretching and exercises, use of an H-wave device and ice application. Authorization was requested for home H-wave device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is not indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, there is no documentation indicating that the H-wave unit was able to provide objective functional improvement and/or reduction of medication use. As such, the currently requested H wave device is not medically necessary.