

<b>Case Number:</b>	CM15-0167331		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 52 year old female sustained an industrial injury to the low back on 12-9-13. Magnetic resonance imaging lumbar spine (1-9-14) showed disc bulge at L4-5 and L5-S1 with bilateral lateral recess stenosis. The injured worker underwent two level laminectomy and decompression on 3-21-14. The injured worker developed postoperative left foot drop. Additional treatment consisted of epidural steroid injection, physical therapy, transcutaneous electrical nerve stimulation unit and medications. In a Pr-2 dated 6-15-15, the injured worker complained of increasing pain to the lumbar spine with radiation down bilateral legs, associated with numbness and tingling. The injured worker rated her pain 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, decreased range of motion, positive left straight leg raise, 5 out of 5 lower extremity strength, normal deep tendon reflexes and decreased sensation at the left L5 and S1 distributions. Current diagnoses included lumbar post laminectomy syndrome and lumbar spine radiculopathy. The treatment plan consisted of prescriptions for Norco, Gabapentin and Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Purchase of Home H-Wave device: 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 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 significant improvements in pain and function. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.