

<b>Case Number:</b>	CM15-0186111		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Hawaii

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:

This 44 year old male sustained an industrial injury on 5-2-14. Documentation indicated that the injured worker was receiving treatment for cervicgia, low back pain and radiculitis. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a progress report dated 6-10-15, the injured worker complained of ongoing pain in the mid, upper and low back with some pain extending into the legs, rated 6 out of 10 on the visual analog scale. Physical exam was remarkable for "some decreased" range of motion of the cervical spine and lumbar spine secondary to pain and tenderness to palpation to the cervical spine, thoracic spine and lumbar spine with paraspinal musculature spasms. The injured worker underwent a trial of home H-wave from 7-8-15 to 8-6-15. In a PR-2 dated 8-10-15, the injured worker reported the ability to perform more activity and have greater overall function due to the use of the home H-wave including the ability to walk farther. No objective findings were documented. The treatment plan included requesting authorization for purchase of a home H-wave device. On 8-19-15, Utilization Review noncertified a request for DME home H-wave device purchase.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with back pain. The current request is for Home H-Wave device purchase. The treating physician's report dated 08/10/2015 (7B) states, "This patient utilized home H-Wave at no cost for evaluation purposes from 7/8/2015 to 8/6/2015. In a survey taken by H-Wave the patient has made the following comments. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has given these examples of increased function due to H-Wave: "Walk farther" The patient is utilizing the home H-Wave 3 times per day, 2 days per week, 45+ minutes per session. Other treatments used prior to home H-Wave: TENS Unit, Physical Therapy, Medications, Home exercise program." The MTUS Guidelines pages 117 to 118 on H-Wave Units support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The H-Wave report dated 08/06/2015 (7B) shows that the patient has utilized the H-Wave unit for 29 days. It was further noted on this report that the H-Wave unit provided 30% pain relief. However, it was not documented whether or not the use of the H-Wave unit decreased the patient's use of medication. In this case, there is no significant functional improvement while utilizing the H-Wave unit. There is no documentation of reduction of medication or improvement of specific activities of daily living to warrant the continued use of this modality. The current request is not medically necessary.