

<b>Case Number:</b>	CM15-0186127		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<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:

The injured worker is a 53 year old male who sustained an industrial injury on 2-2-13. The assessment is noted as low back pain, lumbar disc protrusion, radiculopathy, and bilateral knee pain. Previous treatment includes physical therapy-knee, knee surgery, transcutaneous electrical nerve stimulation (4 months) and medication. A lumbar spine MRI dated 12-19-14 reveals an impression of "lumbar spondylosis, most severe at the L5-S1 level with mild disk bulge eccentric to the right with facet arthropathy resulting in moderate right sided and mild left sided foraminal narrowing." In a progress report dated 8-17-15, the physician notes the injured worker reports the ability to perform more activity and greater overall function due to the H-Wave use. After H- Wave, he notes a 50% reduction in pain and reports he can walk farther, sit longer, sleep better, and stand longer. In a progress report dated 9-1-15, the physician notes he continues to have back and right knee pain, which is reported to be the same as the previous follow up. Pain is noted as "severe" but he does not take any pain pills. He has difficulty with bending, twisting, and self- care. Objective exam reveals lateral bending left and right flexion and extension of the lumbar spine are about 25% decreased with pain to palpation at L4 through the sacrum bilaterally. The treatment plan notes he proceeds with surgical workup and was advised to continue with usage of the H-Wave as he is getting relief. Work status is that he is not working at this time. In a 9-3- 15 neurosurgical follow up report, the physician notes low back pain is rated at 7 out of 10 and gets as low as 5 out of 10 after physical therapy or with H-Wave use. The treatment plan is for purchase of H-Wave for treatment 2 times a day at 30-60 minutes per treatment as needed. A request for authorization is dated 8-18-15. The requested treatment of H-Wave unit for purchase was not authorized on 9-11-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit for Purchase:** Overturned

**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 low back and right knee pain. The current request is for H-Wave unit purchase. The treating physician's report dated 08/17/2015 (91B) states, "In a survey taken by H-Wave the patient has made the following comments. Patient has reported eliminating the need for oral medication due to the use of the H-Wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has reported after use of the H-Wave device a 50% reduction in pain. Patient has given these examples of increased function due to H-Wave: 'Walk farther, Sit longer, Sleep better, Stand longer, Sleep better at night.' The patient is utilizing the home H-Wave 2 times per day, 7 days per week, 30-45 minutes per session. Other treatments used prior to home H-Wave: Medications." 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. Based on the medical records provided, it would appear the patient has completed a 30-day trial of the H-Wave unit. The 09/01/2015 report (86B) notes that the patient is currently not take any medications and is continuing the use of the H-Wave unit "as he is getting relief." In this case, the physician has noted elimination of medication use and functional improvement with the H-Wave unit. The current request is medically necessary.