

<b>Case Number:</b>	CM15-0207763		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

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 female, who sustained an industrial injury on 10-8-14. The injured worker was diagnosed as having lumbar sprain and strain and sprain of the arm and shoulder. Treatment to date has included physical therapy, home exercise, TENS, H-wave, L3-5 facet medial branch rhizotomy, and medication including Biofreeze gel. On 8-20-15 the treating physician noted the "patient has reported a decrease in the need for oral medication due to the use of the H-wave device. Patient has report the ability to perform more activity and greater overall function due to the use of the H-wave device. Patient had reported after use of the H-wave device a 50% reduction in pain." Physical examination findings on 7-9-15 included tenderness with guarding over the right paralumbar extensors and facet joints. No sensory deficits were noted and a straight leg raise test was positive bilaterally. On 7-9-15, the injured worker complained of lumbar spine pain. On 8-20-15 the treating physician requested authorization for purchase of a home H-wave device. On 9-25-15, the requests were non- certified by utilization review.

### 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:** Overturned

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

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

**Decision rationale:** The current request is for purchase of home H-wave device. The RFA is dated 08/20/15. Treatment to date has included physical therapy, home exercise, TENS, H-wave, L3-5 facet medial branch rhizotomy, and medications. The patient may return to modified duty. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)" page 117. "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." Per report 08/20/15, the patient presents with chronic low back pain with a positive straight leg raise test. The patient has been using the H-wave device 2 times a week for 30 minutes, and reported a decrease in the need for oral medication due to the use of the H-wave device. She reported improvement in ADL's and greater overall function. There was a 50% reduction in pain and improvement in her ability to perform home exercises, walk longer distances, do more housework and obtain sleep better. The patient has failed conservative care including TENS unit, medications and physical therapy. Given the success with previous use, long-term use appears reasonable. Therefore, the request is medically necessary.