

<b>Case Number:</b>	CM15-0207945		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

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 48 year old male who sustained an industrial injury on 5-8-13. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar or lumbosacral disc degeneration, sprains and strains of sacroiliac ligament and post-laminectomy syndrome of lumbar region. Medical records dated 6-22-15 indicate pain rated at 7 out of 10. Provider documentation dated 6-22-15 noted the work status as "medically disabled". Treatment has included H-wave unit, transcutaneous electrical nerve stimulation unit, physical therapy, chiropractic treatments, home exercise program, ultrasound massage heat, Tizanidine since at least June of 2015, and status post lumbar surgery. Objective findings dated 6-22-15 were notable for tenderness to palpation to the pes anserius bursa with trigger points palpated in the gluteus medias and quadratus lumborum bilaterally, decreased lumbar spine range of motion, bilateral medial calves with parasthesias to light touch. The original utilization review (9-14-15) denied a request for a 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in May 2013 and continues to be treated for low back pain including a diagnosis of post laminectomy syndrome. In March 2015 Lyrica and extended release tramadol were being prescribed. Pain was rated at 7-8/10 and relieved by lying down, heat, massage, and use of a TENS unit. In April 2015 Lyrica was discontinued due to dizziness and extended release tramadol was discontinued with the assessment references an aversion to opioids. The assessment now references a history of failed use of physical therapy and TENS. The claimant received a home-based trial of H-wave use from 04/23/15 to 05/12/15. The claimant reported eliminating oral medications with improved activities with examples including greater tolerance for walking, lifting, and housework. He had 2-3 hours of free movement versus up to one hour with TENS. He reported using the unit two times per day for more than 45 minutes per session. Purchase of a home H-wave unit is being requested. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved function with specific examples provided. He is obese which may explain why he had improvement versus when using TENS. An adjunctive home exercise program would be expected. The requested H-wave unit was medically necessary.