

<b>Case Number:</b>	CM15-0208453		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/24/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<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: California

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:

The injured worker is a 33-year-old female, who sustained an industrial-work injury on 8-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and pain in joint of lower left leg. Treatment to date has included pain medication Norco, Tramadol, Flexeril, Transcutaneous electrical nerve stimulation (TENS), physical therapy at least 18 sessions, traileed H-wave for 23 days, and other modalities. Magnetic resonance imaging of the lumbar spine dated 5-5-15 reveals L5-S1 annular defect with disc protrusion. There is moderate multi-level facet arthropathy and other chronic findings. Medical records dated 8-11-15 to 9-3-15 indicate that the injured worker complains of pain and exhibits impaired activities of daily living (ADL). The physician indicates that the injured worker utilized the H-wave device over this time period and reported a decrease in need for oral medications, the ability to perform more activities, greater overall function, and 60 percent reduction in pain with the use of the H-wave 3 times a day, 7 days a week for 45 minutes per session. The medical record dated 9-16-15 indicates that the injured worker complains of low back pain with associated stiffness, numbness in the legs, weakness of the legs, burning sensation in the legs and cold feet. Per the treating physician report dated 9-16-15 work status is with restrictions. The physical exam dated 9-16-15 reveals lumbar pain with ranges of motion, spasm and tenderness to palpation of the lumbar region. There is hypoesthesia in the L4-5 distribution. The request for authorization date was 9-21-15 and the requested service included Purchase of DME: H-Wave Device. The original Utilization review dated 10-5-15 non-certified the request for Purchase of DME: H-Wave Device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Purchase of DME: H-Wave Device: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the MTUS guidelines, H-wave stimulation (HWT) is 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 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 this case, the injured worker is noted to have not responded to physical therapy, medications and TENS unit. The injured worker has undergone a trial of the H-wave unit and has responded with a decreased in medications and increase in function. As such, the request for the purchase of this unit to allow for continued functional improvement and decrease in medication usage is supported. The request for Purchase of DME: H-Wave Device is medically necessary and appropriate.