

<b>Case Number:</b>	CM15-0027496		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 46 year old male who sustained an industrial injury on 8/2/11. He currently complains of pulsing head, stabbing low back, hip and pulsing knee pain. Medications include Norco and cyclobenzaprine. Diagnosis is low back pain with disc protrusion and lumbar spinal radicular symptoms. Treatments to date include epidural steroid injection L5-S1 (11/13/14) without much relief; H-wave for low back pain; transcutaneous electrical nerve stimulator unit and physical therapy. Progress notes dated 1/20/15 indicates the treating provider requesting the purchase of H-wave as the 30 day trial has been effective for pain reduction. The injured worker has decreased his pain medication and his ability to perform activities of daily living has improved. Pain level prior to H-Wave was 9/10. On 2/6/15 Utilization Review non-certified the request for the purchase of H-Wave for the lumbar spine citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Purchase of a H-wave for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The patient presents with head pain, low back pain, hip pain and bilateral knee pain. The current request is for DME purchase of an H-wave for lumbar spine. The treating physician states that the patient reports his pain affects his activities of daily living and has caused emotional, social and financial stress for him. The MTUS guidelines state 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 treating physician has been awaiting approval for physical therapy, which was authorized and scheduled to begin on 1/23/15. The patient has had a trial of H-wave but the guidelines state that this is to be only following failure of conservative care including physical therapy. The documentation provided does not indicate that functional improvement has been achieved with H-wave trial. The current request is not medically necessary and the recommendation is for denial.