

<b>Case Number:</b>	CM15-0213450		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Pennsylvania

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 23 year old male, who sustained an industrial injury on 2-11-2014. The medical records indicate that the injured worker is undergoing treatment for low back pain and lumbar sprain-strain. According to the progress report dated 9-8-2015, the injured worker presented with complaints of low back pain with radiation into his buttocks and thighs. The pain is described as sharp, aching, and radiating. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the lumbar spine reveals palpable trigger points in the gluteus maximus, gluteus medius, and quadratus lumborum, bilaterally. The current medications are not specified. Previous diagnostic studies are not indicated. Treatments to date include medication management, physical therapy, and home exercise program. Work status is described as modified duty. The original utilization review (10-23-2015) had non-certified a request for purchase of home H-wave device.

### 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 /indefinite use:** 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:** Regarding H-wave stimulation, the MTUS states: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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)." 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. It is stated in the medical record that the patient has previously tried conservative therapy treatments including medications, physiotherapy and TENS units. This worker had a trial of H-wave home therapy from 7/23/2015 to 8/18/2015 with significant reduction in pain and increased function that is appropriately documented in the medical record. The record does not include details regarding the TENS trial but the MTUS is not specific regarding a TENS trial prior to H-wave stimulation. Therefore, the request for Home H-wave device, purchase/indefinite use is medically necessary.