

<b>Case Number:</b>	CM15-0036533		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/05/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 an 81-year-old male, who sustained an industrial injury on 5/5/2004. The current diagnoses are myoligamentous strain of the lumbar spine and radicular symptoms into the right leg. Currently, the injured worker complains of low back pain that radiates to the legs. Current medications are Norco, Baclofen, Lidocaine, and creams. The physical examination revealed decreased range of motion and tenderness. Treatment to date has included medications. The treating physician is requesting home H-wave electrodes and other supplies for 3 months, which is now under review. On 2/19/2015, Utilization Review had non-certified a request for home H-wave electrodes and other supplies for 3 months. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave electrodes and other supplies for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS)H-wave Page(s): 113-117.

**Decision rationale:** The patient presents with low back pain with pain radiating into the bilateral legs. The current request is for Home H-Wave Electrodes and Other Supplies for 3 Months. The Request for Authorization is dated 9/12/14, which requests "H-wave supplies." Per MTUS Guidelines, pages 113 - 116, "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 that "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 Guidelines also require "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." Progress report dated 3/18/14 states continue present care with H-wave and medications. There is no further discussion regarding the H-wave unit. In this case, there is lack of documentation regarding functional improvement, pain reduction or reduction in medication use. There is no discussion regarding the failure of initially recommended conservative care, including recommended physical therapy and TENS unit. Based on the limited provided information, the request cannot be considered. Therefore, the request IS NOT medically necessary.