

<b>Case Number:</b>	CM15-0043324		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: North Carolina  
 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 50 year old male who sustained an industrial injury on March 03, 2015. A spine visit dated January 21, 2015 reported chief subjective complaint of right shoulder, low back, right buttock and right posterior thigh pain. Treatment to date included: activity modification, medication, physical therapy, chiropractic care. Current medications consisted of: Prilosec, Naprosyn, and Norco. The assessment noted: disorder sacrum, arthralgia sacroiliac joint and degenerative lumbar intervertebral disc. The plan of care is with requesting recommendation for: right sacroiliac injection, followed by physical therapy, and radiographic study of lumbar spine. An operative report dated July 30, 2014 reported right shoulder arthroscopy performed. Primary follow up dated January 05, 2015 reported subjective complaint of "patient has increased symptoms over the holidays with use of right arm and prolonged driving causing increased lower back pain." The following diagnoses were applied to this visit: upper extremity subluxation; strain and sprain arm and shoulder and cervical CADS injury. Back on December 13, 2014 at primary follow up the plan of care noted a 30 day trial of H-Wave unit for home use with note of previous attempt with TENS unit and physical therapy sessions without sufficient relief. Primary follow up dated January 26, 2015 noted trial results of H-wave unit that stated: "patient has reported the ability to perform more activity and greater overall function due to the use of this machine." Furthermore he states, "it relaxes my muscles," and "H-wave can't be a cure but it certainly helps me feel more comfortable for a while after each treatment." On January 26, 2015 a request was made for a H-wave unit purchase for home use that was noncertified by Utilization Review on February 26, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) purchase of Home H-wave device unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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 a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in pain and function. Therefore, criteria for a home unit purchase have not been met and the request is not medically necessary.