

<b>Case Number:</b>	CM15-0046850		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 was a year 49-year-old female, who sustained an industrial injury August 5, 2013. The injured worker previously received the following treatments physical therapy, acupuncture, chiropractic services, TENS (transcutaneous electrical nerve stimulator) unit, home trial use of H-wave device, chiropractic services and medications. The injured worker was diagnosed with lumbago, low back syndrome, lumbalgia and muscle spasms. According to progress note of January 13, 2015, the injured workers chief complaint was pain at interfered with activities of daily living. The injured worker had a home trial use of H-wave unit. The injured worker reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The injured worker had a 70% reduction of pain. The treatment plan included home H-wave device purchase on January 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H Wave device:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy; H-wave device Page(s): 114-117.

**Decision rationale:** The patient was injured on 08/05/13 and presents with back pain. The request is for a PURCHASE OF H-WAVE DEVICE to use two times per day at 30-60 minutes per treatment PRN. The utilization review denial rationale is that "the patient had H-wave therapy, however, the patient had a recurrence of pain on 1-15-13 and then on 1-15-15 as the pain had dramatically increased when the patient ran out of medications. The patient was then referred to pain management. These events indicate that H-wave therapy has not been effective in the treatment of the patient's pain." The RFA is dated 01/27/15 and the patient is working full duty. Per MTUS Guidelines, "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. Prior TENS unit failure is required as well. The 01/13/15 report states that the patient used a home H-wave device for evaluation purposes from 11/07/14-12/30/14. Patient has reported a decrease in the need for oral medication due to the use of the H-wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-wave device. Patient has reported after use of the H-wave device a 70% reduction in pain walk farther, more housework, sit longer, sleep better, stand longer, more family interaction, I can walk at a faster speed, I can do my job more comfortable than before. The patient is utilizing the home H-wave 2 times per day, 7 days per week, 30-45 minutes per session. Other treatments used prior to home H-wave: TENS Unit, Physical Therapy, Medications, Electrical Stimulation, Chiropractic. It appears that this patient has undergone a successful trial of the requested device with specific pain relief and functional improvements. The purchase of one for use in the home is therefore appropriate. The requested purchase of H-wave device IS medically necessary.