

<b>Case Number:</b>	CM15-0049605		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old male sustained an industrial injury on 11/22/11. He subsequently reported low back pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include lumbar sprain/strain, status post lumbar surgery with discectomy and fusion L4-5 and L5-S1 and lumbar radiculopathy. Treatments to date have included TENS treatment, physical therapy, surgery, H-wave treatments and prescription pain medications. The injured worker continues to experience low back pain. A request for the purchase of a home H-wave device for the lower back was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a home H-wave device for the lower back:** Upheld

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

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

**Decision rationale:** According to the CA MTUS Guidelines (2009), H-wave stimulation (HWT) is not recommended as an isolated intervention. A one-month home-based trial of HWT may be considered a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as TENS, in terms of its waveform. H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, there was no documentation of functional improvement with a trial of H-wave therapy to necessitate purchase of the device. Medical necessity for the requested item was not been established. The requested HWT is not medically necessary.