

<b>Case Number:</b>	CM15-0055466		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/08/1995
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The 42 year old female injured worker suffered an industrial injury on 10/08/1995. The diagnoses included chronic lumbago, post laminectomy syndrome, and displacement of cervical and thoracic intervertebral disc. The diagnostics included lumbar x-rays. The injured worker had been treated with medications, lumbar fusion, sacroiliac joint injections, physical therapy, TENS unit and trial of H-wave unit on 1/2/2015. On 1/21/2015, the treating provider reported improvement from the recent fusion and continues to have burning pain in the lower extremities. The H-wave trial documented pain and functional improvement. The treatment plan included H-wave purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave purchase:** Overturned

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

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

**Decision rationale:** According to MTUS: 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." Upon completion of 1 month trial, continue use is indicated if: other conservative modalities have failed, the physician believes HWT may lead to functional improvement, one month trial resulted in functional improvement or reduced pain, PT and medications have not resulted in functional improvement and the patient is participating in an evidence based functional restoration program without satisfactory reduction in pain or functional improvement. According to the provided medical records the patient meets all of these criteria as the clinic note states that there has been functional improvement and pain improvement with the H-stim and other conservative therapy modalities are not efficacious. The peer reviewer states that there is no clinical information provided; however clinic note I reviewed from 2/16/15 clearly states the rationale for continued use based on efficacy shown in the one-month trial. Consequently, the requested treatment meets the guidelines and is clinically appropriate and medically necessary.