

<b>Case Number:</b>	CM15-0081959		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/12/1999
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, Indiana, 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:

The injured worker is a 51 year old male patient who sustained an industrial injury on 03/12/1999. A pain management follow up visit dated 01/28/2015 reported subjective complaint of lumbar pain, bilateral foot pain and numbness. Diagnostic study to include: electric nerve conduction study, magnetic resonance imaging. The assessment noted other chronic pain; neuropathic pain; displacement lumbar dis without myelopathy; degenerative lumbar lumbosacral intervertebral disc; pain in the thoracic spine; lumbago, and rule out neuropathy. The plan of care involved: refilling Butrans, Neurontin, and Mentanx, prescribed an H-wave unit and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave (purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave Stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, H wave purchase is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are other chronic pain; neuropathic pain; displacement lumbar disc without myelopathy; degenerative lumbar/lumbosacral intervertebral disc; pain in thoracic spine; lumbago; and rule out neuropathy. Documentation from a January 28, 2015 progress note contains an order for H wave. There is no clinical indication or rationale for the H wave unit. There is no one-month clinical trial with the H wave unit. The medical record contains 28 pages. There is a single progress note dated January 28, 2015 in the medical record. There is no documentation in the medical record regarding conservative modalities for chronic pain treatment that have failed. Consequently, absent clinical documentation with a clinical indication and rationale for the H wave unit and a one-month clinical trial (according to the guidelines), H wave purchase is not medically necessary.