

<b>Case Number:</b>	CM15-0086034		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 71 year old man sustained an industrial injury on 8/28/2014. The mechanism of injury is not detailed. Diagnoses include right buttock contusion, lumbago, anxiety, lumbar spine strain, scalp contusion, cervical strain, lumbosacral disc bulge, and cervicalgia. Treatment has included oral medications, electro-acupuncture, physical therapy, and 30 day trial of H-wave therapy. Physician notes on a PR-2 dated 3/31/2015 show complaints of pain. Recommendations include purchase of H-wave device and system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device for 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 stimulation Page(s): 117.

**Decision rationale:** This 71 year old male has complained of low back pain and neck pain since date of injury 8/28/14. He has been treated with electroacupuncture, physical therapy and

medications. The current request is for Home H-wave device for purchase. Per the MTUS guidelines cited above, H wave device is 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 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). The available medical records do not contain documentation of diabetic neuropathic pain or chronic soft tissue inflammation. Additionally, there is no documentation that H wave stimulation will be used as an adjunct to a program of functional based restoration. On the basis of the available medical documentation and per the MTUS guidelines cited above, home H-wave device for purchase is not medically necessary.