

<b>Case Number:</b>	CM15-0089122		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 was a 66-year-old male, who sustained an industrial injury, November 12, 1997. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit for ten years, 8 physical therapy sessions, medications, 8 acupuncture sessions and home exercise program. The injured worker was diagnosed with chronic low back pain with sciatica and degenerative spinal stenosis. According to progress note of April 3, 2015, the injured workers chief complaint was low back and bilateral buttock pain. The injured worker used a TENS unit at home for 10 years prior to the H-wave trail at home. The injured worker had a free trail of the H-wave unit at home. The injured worker had a 50% reduction in pain with increased functional improvement. The injured worker was using the H-wave 2 times a day for 30-60 minutes per treatment. The injured worker rated the pain 7 out of 10 prior to treatment and 3 out of 10 after treatment with increased functional ability after treatments. The treatment plan included a purchase of a home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device (purchase):** Overturned

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

**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, home H wave device purchase is 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 diagnosis is lumbago. The documentation indicates the injured worker has used a TENS unit for 10 years. The documentation does not contain evidence of objective functional improvement or non-improvement with the use of the TENS unit. The home electro therapy recommendation and history states that TENS was not effective. The injured worker had a 21-day home trial and reported a decrease in the need for oral medications. He was able to perform more activities with the greater overall function imparted to the H wave device. The injured worker reports a 50% reduction in pain. The worker can walk farther, set longer and stand longer. The injured worker states he has been able to stabilize the amount of medications taken throughout the day. The patient utilizes the home H wave device one time per day, seven days per week, 45 minutes per session. The worker is actively engaged in the physical therapy program. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a successful H wave device trial, home H wave device purchase is medically necessary.