

<b>Case Number:</b>	CM13-0038134		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/07/1995
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male who has submitted a claim for herniated nucleus pulposus, L5-S1, left shoulder strain, left knee contusion, right knee degenerative joint disease, status post lumbar laminotomy with discectomy, revision of anterior lumbar interbody fusion, and right knee partial medial meniscectomy, associated with an industrial injury date of July 7, 1995. Medical records from 2012-2013 were reviewed. The patient complained of persistent low back pain, grade 8/10 in severity. The pain was described as constant, aching, intense, and penetrating. The pain radiates to the buttocks and legs. There was numbness to the bottom of the left foot and numbness to the great and second toes. Physical examination showed paraspinal muscle tenderness of the lumbar area. There was limited range of motion of the lumbar spine. Deep tendon reflex was 2+ on both lower extremities. There was decreased sensation along the plantar aspect of the left foot. Motor strength was intact. Imaging studies were not made available. Treatment to date has included medications, physical therapy, psychotherapy, home exercise program, activity modification, knee surgery, left shoulder surgery, lumbar laminectomy, TENS, and H-wave. A utilization review dated September 11, 2013, denied the request for home H-wave device-purchase because the objective functional gains such as increased activity tolerance or decrease in medication usage is not noted in the record review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines pages 117-118, H-wave therapy 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 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 this case, the patient previously used an H-wave on August 2013 which afforded 60% pain relief. However, there was no documentation regarding objective functional improvement from the treatment. There was also no evidence of failure from conservative care, including exercise and medication. Furthermore, there was no evidence that the patient was still continuing self-exercises at home which is the recommendation as an adjunct to H-wave treatment. There is no documentation of a short-term and long-term treatment plan from the physician. Therefore, the request is not medically necessary.