

<b>Case Number:</b>	CM14-0112137		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Family 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 injured worker is a 72 year old male who was injured on 09/06/01 when he attempted to prevent a trash barrel from falling. The injured worker is diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified and diabetes mellitus. A QME dated 10/05/06 states the injured worker underwent a discectomy at L5-S1 in 1987 on a nonindustrial basis. Following the 2001 injury, the claimant was treated with physical therapy and medications followed by ESIs. The injured worker then underwent discectomy on the right at L3-4 on 02/22/02 with no improvement in back or leg symptoms following postsurgical recovery. It is noted the injured worker had several postoperative epidural injections with no improvement. The injured worker began treatment with pain management in 2003 and was placed on Neurontin and Methadone which reportedly provided some improvement. Clinical note dated 10/19/12 states the injured worker is reporting for an initial trial with an H-Wave. It is noted the injured worker has had significant chronic muscle spasms and edema in his lower back. Clinical note dated 12/13/12 states the injured worker "has done extremely well with the H-wave." It is noted the injured worker decreased Ambien and pain medications and increased ADLs. Clinical note dated 04/05/13 states that as the injured worker has improved with the H-wave, his Norco prescription will be reduced. This note states the injured worker reports decreasing Norco usage from 5 per day to 5 per month. Clinical note dated 10/08/13 notes the injured worker is now able to perform maintenance on his vehicles attributed to H-wave usage. Clinical note dated 06/10/14 states the injured worker's H-Wave was taken back by the insurance company and "since then he is needing a lot more medication." The claimant reports needing 2-3 Norco per day for improved function and ADLs. The treatment plan includes a suggestion for a home H-Wave unit. A request for an H-Wave was denied by Utilization Review dated 06/20/14 citing a lack of trial with a TENS unit prior to request for H-Wave. Of note, this UR rationale states, "The H-wave unit has

been shown to be more useful in diabetic neuropathic pain and that type of pain may be ongoing in this diabetic hypertensive man. In fact, his sense of well being ... may be directly related to relief of his non-industrial diabetic neuropathic pain."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H-Wave:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-Wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The request for an H-Wave device is recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support a trial of H-wave given certain criteria such as the use of a TENS. Records do not specifically indicate the injured worker has attempted TENS use; however, the injured worker has previously participated in a trial. This does not appear to be a request for a trial of H-wave. Records indicate that with use of the H-wave device, the injured worker was able to decrease medications such as Ambien. The injured worker was also able to decrease Norco usage from 5 per day to 5 per month. Records show that when the injured worker's H-wave device was taken back by the insurance company the injured worker's Norco usage increased to 2-4 doses per day. With use of the H-wave, records show the injured worker was able to perform additional activities to include vehicle maintenance. Based on the significant response to use of the device and the significant recurring dependence on medications once H-Wave use was discontinued, medical necessity of an H-Wave device is established.