

<b>Case Number:</b>	CM14-0115934		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 63 year old male who was injured on June 18, 2003 to his lower back. The mechanism of injury is noted as lifting boxes. The diagnoses listed as lumbar disc disease with myelopathy (722.73). The most recent progress note dated 6/4/14, reveals complaints of minimal day to day low back pain. A completed trial of H wave device was noted as of 6/4/14. It was documented that with and without H wave device the injured worker received clear benefits. The H wave allowed him to do home cooking and activities of daily living (ADL). Pain is rated a 7 out of 10 on visual analog scales (VAS), and with the H wave device pain is noted a 5 out of 10 on VAS score. No changes in Oxycodone dosage were noted. An ADL questionnaire revealed the H wave allowed him to look at himself normally, lift very light objects, do light activity, some difficulty with climbing one flight of stairs, can sit between 15 and 30 minutes at a time, can walk/ stand between 15 and 30 minutes at a time, can push or pull light objects, has difficulty with grip, grasp, and holding objects, but can still perform the activity, has difficulty with kneeling, bending, or squatting, but can still perform the activity, and sleep was moderately disturbed (two to three hours of sleep). Prior treatments include medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and an H wave device. Current medication include Flexeril PM, Excedrin ES, Lunesta, MiraLax, Metamucil, stool softener, probiotics, Dulcolax, Amlodipine, Cymbalta, and Oxycodone. Surgical history reports and diagnostic imaging studies are not available for review. A prior utilization review determination dated 7/22/14, resulted in denial of purchase of H wave unit with two sets of pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave Unit with 2 sets of pads:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The documentation submitted from the H wave trial of 6/14/14 is inadequate to support the purchase of the H Wave stimulation unit. The claimant has been afforded one month trial from which was reported that subjective VAS score improvement from 7/10 to 5/10. Yet there was no decrease in narcotic analgesic use. The subjective reports without substantive objective decrease in analgesic are not enough to support the continued use of the H Wave Stimulator. Placebo effect may account for as much as 30% of the effect. Therefore the request for Purchase of H-Wave Unit with 2 sets of pads is not medically necessary and appropriate.