

<b>Case Number:</b>	CM14-0145735		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 34-year-old male with an injury date of 03/03/2014. Based on the 07/02/2014 progress report, the patient comes in for a follow-up for a fractured lumbar spine, psychophysiologic disorder, and sprain of ligament and lumbosacral joint. The patient has also been diagnosed with depression/anxiety relating to his chronic pain, and cognitive behavioral therapy has been recommended. "The patient is participating in outpatient physical therapy, but is starting to have difficulty with ongoing right lower extremity sciatica slowing his progress." The patient has lumbar degenerative disk disease, right lower extremity radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome. The 04/23/2014 MRI of the lumbosacral spine revealed that there is a mild anterior superior endplate depressed fracture of the L5 vertebral body that is partially healed. The 07/18/2014 CT of the lumbar spine revealed scattered chronic Schmorl's node with L5 anterior/superior limbus vertebra and a small L5-S1 central disk protrusion without canal stenosis or neuroforaminal narrowing. The patient's diagnoses include the following: 1. Degeneration of lumbosacral intervertebral disk. 2. Sprained ligament of lumbosacral joint. 3. Psychophysiologic disorder. 4. Fractured lumbar spine. The utilization review determination being challenged is dated 08/06/2014. Treatment reports were provided from 03/21/2014 - 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home H-wave device:** 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): 117-118.

**Decision rationale:** Based on the 07/23/2014 progress report, the patient complains of having severe lower back pain. The request is for 1 home H-wave device. The patient is utilizing the home H-wave 3 times per day 7 days per week, 30 to 45 minutes per session. Based on the 07/21/2014 progress report, the patient has "reported eliminating the need for oral medication due to the use of the H-wave device." He has also reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The patient has given these examples of increased function due to H-wave: "walk farther, lift more, more housework, sit longer, sleep better, stand longer, more family interaction, less tingling and numbness of sciatic nerve." Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-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." MTUS further states trial periods of more than 1 month should be justified by documentation submitted for review. The 07/21/2014 report continues to say "the patient has not sufficiently improved with conservative care." Although the 07/21/2014 report indicates that the patient has benefited from the use of home H-wave device, other provided reports do not indicate a decrease in medication use. The patient still continues to take Norco 5 mg 1 tablet every 6 hours as he was taking before he began to use the H-wave device. The patient also continues to take Etodolac 400 mg 1 tablet twice a day as well as Flector 1.3% transdermal 12-hour patch. None of the reports indicate any functional improvement besides that statement made on the 07/21/2014 progress report. Therefore, due to lack of documentation, recommendation is for denial.