

<b>Case Number:</b>	CM14-0160971		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 an approximately 39-year-old gentleman (date of birth was not included in the submitted records) with a date of injury of 06/28/2012. An initial consultation report by [REDACTED] dated 02/17/2014 identified the mechanism of injury as the development of lower back pain over time while working in construction. This report; office visit notes by [REDACTED] dated 03/31/2014 and 05/01/2014; office visit notes by [REDACTED] and [REDACTED] dated 04/30/2014, 06/04/2014, and 07/09/2014; and an office visit note by [REDACTED] dated 08/06/2014 indicated the work was experiencing lower back pain and stiffness. Symptoms were improved with the use of pain medications and walking. [REDACTED] note dated 09/03/2014 reported a trial with a home H-wave device was partially helpful. A note corresponding to the submitted urinary drug screen report dated 08/06/2014, which appeared to show results inconsistent with the treatment plan, was not submitted for review. Documented examinations consistently described tenderness and decreased joint movement in the lower back. The submitted and reviewed records concluded the worker was suffering from lower back pain due to an issue with the lower back disks. Details were not reported. Treatment recommendations included oral pain medication, limited bending and lifting, participation in a pain management program (the type was not specified), and use of a home H-wave device. A Utilization Review decision by [REDACTED] was rendered on 09/04/2014 recommending non-certification for the 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home H-Wave Device.

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

**Decision rationale:** The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was experiencing on-going back pain. Symptoms were helped with pain medications and walking. [REDACTED] note dated 09/03/2014 reported a trial with a home H-wave device was partially helpful. A note corresponding to the submitted urinary drug screen report dated 08/06/2014, which appeared to show results inconsistent with the treatment plan, was not submitted for review. There was no documentation demonstrating how often the H-wave device was used, the amount of pain relief achieved, or the functional improvements gained with its use. In the absence of such evidence, the current request for the purchase of a home H-wave device is not medically necessary.