

<b>Case Number:</b>	CM14-0185622		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Colorado. 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:

37 year old male with date of injury 3/30/2012 continues care with treating physician. Patient has ongoing low back pain radiating to right leg and left shoulder pain. Per the records supplied, patient has participated in Physical Therapy and Home exercise program, and has tried a medication regimen, all without lasting relief. Patient also tried TENS units during Physical Therapy session and did not get any relief from it. Patient has been approved for Functional Rehabilitation Program but is unable to attend because he is working. Per the records supplied, patient has Normal MRI of low back and Normal X-rays of the left shoulder. He has tried the H Wave Unit on low back and shoulder. Per the treating physician notes, he does report 60% improvement in back pain with the H Wave unit, but no appreciable improvement in shoulder pain with the H Wave unit. Patient was also able to decrease oral and topical pain medication use with the trial of H Wave unit for low back pain. The treating physician requests approval for purchase of H Wave unit for continued home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit-purchase (lumbar):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 117-118.

**Decision rationale:** Per the MTUS Guidelines, H-wave therapy, using an H wave unit, is not recommended as an isolated therapy. H-wave therapy can be considered as a conservative treatment for diabetic neuropathy, or chronic soft tissue inflammation IF used in conjunction with "a program of evidence-based functional restoration," after failure of other conservative therapies, including physical therapy, medications and TENS unit. There is insufficient evidence indicating that H-wave therapy is more effective for pain relief than TENS unit. A one-month trial of H-wave therapy, in conjunction with functional restoration program, may help the providers of care to determine the effects and benefits of the H-wave therapy. For the trial of H-wave therapy, frequency of use and outcomes with regard to pain and function should be documented. H-wave therapy has some anecdotal evidence to support its use to alleviate muscle spasms and acute pain, but no quality studies that establish evidence-based recommendations for primary use in those conditions. For the patient of concern, the records do indicate that patient has failed to achieve lasting improvement despite several conservative therapies, including physical therapy, TENS unit, and medication regimen. Patient has already completed some period of trial of H-wave therapy, and reported 60-70% improvement in pain with the H-wave trial, per the records. However, the frequency of use of the H-wave unit and any functional improvement achieved, are not included in the records supplied for review. Also, the patient of concern is not currently participating in a functional restoration program, though it has been approved. The records do not indicate that patient will be participating in the functional restoration program. As the documentation of the H-wave therapy trial does not include the recommended elements, and as patient is not using the H-wave therapy in conjunction with functional restoration program, the H-wave unit purchase for continued use is not medically indicated.