

<b>Case Number:</b>	CM14-0087682		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Orthopedic Surgery 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 53 year old male with a reported injury on 09/22/2003. The mechanism of injury was repetitive lifting. The injured worker's diagnoses included degenerative disc disease, and herniated nucleus pulposus of the lumbosacral spine at L5-S1, nephrolithiasis, lumbago, and lumbosacral joint sprain. The injured worker's past treatments have included medications, physical therapy, a home exercise program, trigger point injections, H-wave stimulation, and selective nerve root blocks. The injured worker's previous diagnostic testing included a lumbar spine MRI, a right wrist MRI, and a right knee MRI. The injured worker's surgical history included an L4-5 and L5-S1 decompression on 05/17/2005, and an unspecified right knee surgery on June of 1996, and a right knee arthroscopic osteochondral debridement on 02/05/2008. A patient compliance and outcome report regarding the H-wave Homecare System was submitted on 12/23/2013 and indicated the injured worker used the device for lower back pain. The H-wave helped him more than prior treatments such as physical therapy and medications, had not decreased his medication use, increase his daily activities and allowed him more family interaction, and decreased his pain by 30% when used once daily for 30-45 minutes. On 01/29/2014 the injured worker was evaluated for complaints of pain. The clinician ordered continuation of H-Wave Homecare System 2 times per day at 30 minutes per treatment as needed for 3 months for the treatment of lumbago and lumbosacral joint sprain. The injured worker was evaluated for low back pain with radiation in the form of numbness and tingling down his left leg and his right foot on 06/17/2014. The clinician reported findings of a focused lumbar and lower extremity examination. The lumbar range of motion was measured at 70 degrees of flexion, 20 degrees of extension, and 30 degrees of bilateral rotation and tilt. There was tenderness to palpation throughout the L3-S1 bilateral paraspinal muscles, left greater than right, mid spine and left sciatic notch. The patellar reflexes were measured at 2+ while the

Achilles reflexes were measured at 1+. The lower extremity strength was measured as 5/5 to flexion, extension, and extensor hallucis longus function. The straight leg raise was positive on the right at 50 degrees. The treatment plan was for a selective nerve root block and to continue medications. The injured worker's medications included Norco 10/325 mg. The request was for Home H Wave Device for lumbago and lumbosacral joint sprain. The request for authorization form was submitted on 01/29/2014.

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

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

**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 (HWT), Page(s): 117-118.

**Decision rationale:** The injured worker complained of low back pain with radiation in the form of numbness and tingling down his left leg and his right foot. The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The guidelines do not recommend H-wave stimulation for the treatment of pain related to muscle sprains, as there are no published studies to support this use, it is not recommended at this time. The request for authorization form indicated that the H-wave device was for the treatment of lumbago and lumbosacral joint sprain. The provided documentation did not indicate diagnoses of diabetic neuropathic pain, or chronic soft tissue inflammation. There was no documentation provided indicating the injured worker has previously used a TENS unit which failed to provide relief. There is a lack of documentation indicating the injured worker completed a one month home based trial of the unit with documentation of the efficacy of the unit as well as information detailing the frequency at which the unit was used. Therefore, the request for Home H Wave Device is not medically necessary.