

<b>Case Number:</b>	CM15-0111523		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47 year old male who sustained an industrial injury on April 12, 2008. He has reported injury to the lower back and has been diagnosed with lumbar sprain, canal stenosis, bilateral radiculopathy, status post major laminectomy, foraminotomy, and L5-S1 disk repaired with disk decompression and residual symptoms, no fusion. The treatment request included medical imaging, chiropractic care, injections, medications, physical therapy, occupational therapy, surgery, and acupuncture. Range of motion shows him able to sit with hips flexed 90 degrees. Lower extremity strength was intact with normal ambulating. He was able to get up and down off the exam table and show good quadriceps foot ankle and knee strength. He did guard flexion and extension. The treatment request included 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 (for indefinite use):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Home H wave device for indefinite use is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are lumbar sprain, canal stenosis bilateral radiculopathy status post major laminectomy, foraminotomy and L5 - S1 disc repair with disk decompression and residual symptoms. The request for authorization is dated April 28, 2015. A progress note with the same date states the injured worker and an H wave unit trial from March 26, 2015 to April 16, 2015. The injured worker failed TENS and physical therapy with medications. The injured worker had improvement during the H wave unit trial. The utilization review provider initiated a conference call with the treating provider. An agreement between the two providers resulted in H wave use for six months. Open-ended indefinite use is not clinically indicated. The injured worker will be reevaluated after six months of use. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the peer discussion between the two providers, Home H wave device for indefinite use is not medically necessary.