

<b>Case Number:</b>	CM15-0172757		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old male, who sustained an industrial injury on March 18, 2014, resulting in pain or injury to the left side, left shoulder, and neck. A review of the medical records indicates that the injured worker is undergoing treatment for unstable spine, cervicobrachial syndrome, trochanteric bursitis, and rotator cuff sprains and strains. On July 15, 2015, the injured worker reported cervical, thoracic, and lumbar pain with some improvement in right hip pain and right lower extremity sciatic pain with use of H-wave and stretches. The Primary Treating Physician's report dated August 25, 2015, noted the injured worker's recent use of the H-wave unit was reported to have decreased the need for overall medication with the ability to perform more activity and greater overall function. The injured worker reported an 80% reduction in pain after using the H-wave with examples of increased function noted as "Walk farther, Lift more, More housework, Sit longer, Sleep better, Stand longer, More family interaction, I feel like I'm getting my life back". The Functional Restoration Program progress note dated July 6, 2015, noted the injured worker's current medications as Tramadol HCL ER and Cyclobenzaprine. Physical examination was noted to show paresthesias to light touch in the lateral legs bilaterally with positive SI joint compression test and bilateral slump test. Prior treatments have included an H-wave unit from July 20, 2015, to August 10, 2015, TENS, physical therapy, a Functional Restoration Program, and medications. The injured worker's work status was noted to be medically and permanently disabled with sedentary work restrictions. The request for authorization dated August 25, 2015, requested a Home H-wave

device (indefinite use) Qty: 1. The Utilization Review (UR) dated September 1, 2015, denied the request for a Home H-wave device (indefinite use) Qty: 1.

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

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

**Home H-wave device ( indefinite use) Qty :1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Home H-wave device (indefinite use) Qty: 1 is not medically necessary per the MTUS Guidelines. The MTUS states that an 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 documentation indicates that the patient had a 21 day trial of the H wave rather than the MTUS recommended one month trial. The documentation does not indicate that H wave trial has resulted in a corresponding decrease in prescribed medications or that the H wave has alone caused a significant evidence of functional improvement or return to work. The request for a home H wave device is not medically necessary.