

<b>Case Number:</b>	CM15-0173284		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/05/2015
<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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 44 year old male, who sustained an industrial-work injury on 8-22-14. He reported initial complaints of lower back pain. The injured worker was diagnosed as having lumbago, lumbalgia, sciatica, and herniated intervertebral disc of lumbar area. Treatment to date has included medication, diagnostics, home H-wave (12-3-14 to 2-20-15). MRI results were reported on 11-22-14, no significant change since 4-14-14, L4-5 degenerative disc changes with annular tear and 3-4 mm central-left paracentral disc protrusion, L5-S1 marked degenerative disc changes with 5 mm broad based disc protrusion with lateral disc changes with right osteophyte spurring contributing to mild left and moderate right foraminal stenosis. On 11-22-14, reported further changes of L4-5 with annular tear 3-4 mm disc protrusion, L5-S1 DDD (degenerative disc disease) with 5 mm broad based disc protrusion with lateral disc bulges with right osteophytic spurring contributing to mild left and moderate right foraminal stenosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 6-5-15 noted normal bilateral lower extremity and lumbosacral areas. Currently, the injured worker complains of pain and has impaired ADL's (activities of daily living). Work status is currently modified duty. H-wave improved overall function: ability to sit longer, sleep better, and improved family interaction. Per the primary physician's progress report (PR-2) on 7-21-15, exam notes 3+ tenderness to palpation and hypertonicity of the paraspinal musculature (left greater than right), and lumbar range of motion limited with discomfort. The Request for Authorization date was 7-23-15 and requested service included H-wave device (indefinite use). The Utilization Review on 8-5-15 modified the request for H-wave device QTY: 90 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device (indefinite use):** Overturned

**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:** The California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 patient does have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. Therefore, the request is medically necessary.