

<b>Case Number:</b>	CM15-0177436		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, California

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 46 year old, male who sustained a work related injury on 9-27-13. The conditions have included lumbar disc displacement. He is being treated for low back pain. Treatments have included trigger point injections (minimal relief), acupuncture (helpful), and physical therapy (helpful). Current medications include Flector patch (somewhat helpful) and Ibuprofen. In the progress notes dated 6-5-15, the injured worker reports low back pain and numbness down the left leg. He rates the pain a 7 out of 10, which has not varied much in the last few progress notes. He describes the pain as "sharp, throbbing and constant." Sitting and long activities make pain worse. Laying on floor or stretching helps pain. On physical exam, he has positive facet loading of the lumbar spine. Lumbar spine range of motion is within normal limits. He has decreased sensation in the left lateral leg. He is working without restrictions. The treatment plan includes to continue Flector patches and to start Diclofenac. H-Wave unit not mentioned in this progress note. The Request for Authorization dated 8-6-15 is for the purchase of a home H-Wave device. In the Utilization Review, dated 8-24-15, the purchase of an H-Wave unit is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase:** 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:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, there was no documentation of TENS use. Long-term use of an H-wave is not supported by the guidelines. Therefore, the request for purchase of an H-wave unit is not medically necessary.