

<b>Case Number:</b>	CM15-0177835		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/10/2015
<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: California

Certification(s)/Specialty: Emergency 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 67 year old male who sustained an industrial injury on 04-20-2009. Medical records indicate the worker was treated for Cervical Spine Degenerative Disc Disease, Cervical Spine Radiculopathy, Lumbar Sacral Spine Radiculitis, Lumbar Sacral Spine Sciatica, Lumbar Sacral Spine Degenerative Disc Disease, Shoulder Impingement Syndrome, and Shoulder Sprain-Strain. Treatment to date has included epidural injections (which according to note of 03-03-2015 had an adverse outcome), physical therapy, Neurontin, Naproxen, Tylenol, and Transcutaneous Nerve Stimulation therapy (which was not helpful). In the provider notes of 05/29/2015, the injured worker complains of neck and low back pain. He describes his pain as being from the base of the skull to his gluteal cleft and describes it as an 8 on a scale of 0-10 without medications and a 4 on a scale of 0-10 with medications. Pain is aggravated with walking, standing, lifting heavy objects, and extended periods of sitting. On examination he is tender to palpation throughout the lumbar paravertebral musculature with no spasm. Range of motion is 50% of normal in all planes with pain, and he has 4+/5 strength due to submaximal effort in the lower extremities. Sensory is intact to light touch L2-S1 bilaterally. An H-wave was trialed in the worker's home from 06-04-2015 to 07-07-2015. The primary treating physician's narrative report of 07-29-2015 stated the worker had reported a decrease in need for oral pain medication, an ability to perform more activity and greater overall function due to the H-wave. Examples of increased function were "Walk farther, Stand longer, more family interactions, Have more comfort in my movements". A request for authorization was submitted for Purchase of home H-wave device. According to notes of 05-29-2015, the IW has not worked since 2009. A utilization review decision 08-10-2015 denied the request for a Purchase of home H-wave device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home H-wave device:** 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): Electrical stimulators (E-stim).

**Decision rationale:** The requested Purchase of home H-wave device is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that 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 injured worker has neck and low back pain. He describes his pain as being from the base of the skull to his gluteal cleft and describes it as an 8 on a scale of 0-10 without medications and a 4 on a scale of 0-10 with medications. Pain is aggravated with walking, standing, lifting heavy objects, and extended periods of sitting. On examination he is tender to palpation throughout the lumbar paravertebral musculature with no spasm. Range of motion is 50% of normal in all planes with pain, and he has 4+/5 strength due to submaximal effort in the lower extremities. Sensory is intact to light touch L2-S1 bilaterally. An H-wave was trialed in the worker's home from 06-04-2015 to 07-07-2015. The primary treating physician's narrative report of 07-29-2015 stated the worker had reported a decrease in need for oral pain medication, an ability to perform more activity and greater overall function due to the H-wave. Examples of increased function were "Walk farther, Stand longer, more family interactions, Have more comfort in my movements". The treating physician has documented failed TENS unit trials and objective evidence of functional improvement from an H-wave unit trial. The criteria noted above having been met, Purchase of home H-wave device is medically necessary.