

<b>Case Number:</b>	CM15-0042325		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 33 year old male, who sustained an industrial injury on 8/16/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included conservative measures, including diagnostics, medications, physical therapy, and trial H-wave unit. Currently, the injured worker complains of pain and impaired activities of daily living. H-wave trial was documented on 9/30/2014, with subjective reports of decreased inflammation and pain. He reported greater overall function and eliminating the need for oral medications, due to the use of H-wave device. Current medications were not noted. The H-wave compliance and outcome report, dated 1/21/2015, noted "decreased" medication use (unspecified). The previous H-wave compliance and outcome report, dated 10/18/2015, noted "eliminated" medication. Objective findings were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device Purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Innate properties of H-Wave device, Medical Hypothesis 2005 1066-1067, Innate properties of H-Wave device, Townsend Letters 2005, Jan:101-104, and Diabetes

peripheral neuropathy; amelioration of pain with transcutaneous electrostimulation, Diabetes Care 1997 120:1702-1705.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave device Page(s): 51, 114.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for Home H-WAVE DEVICE PURCHASE. The patient's work status is unknown. MTUS guidelines page 51 and 114, under Transcutaneous electrotherapy section, do not recommend H-Wave stimulation unless it is for a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation to be used as an adjunct to a program of evidence-based functional restoration, or failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. MTUS guidelines recommend rent H-Wave stimulation after one-month H-Wave successful trial as long as how often the unit was used as well as outcomes in terms of pain relief and function is documented. Trial of TENS unit is first recommended before using an H-wave. In this case, review of the reports indicates that the patient has had 30- day trial of TENS unit without significant effect. Per 01/21/15 progress report, "the patient has reported eliminating the need for oral medication due to the use of the H-wave device. The patient has reported the ability to perform more activity and greater overall function due to the use of H-wave device.... examples of increase function are sleep better, more family interaction. The patient is utilizing the home H-wave 2 times a day, 7 days per week, 30-45 minutes per session." The request IS medically necessary.