

<b>Case Number:</b>	CM15-0075700		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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:

This 32 year old male sustained an industrial injury on 5/16/12. He subsequently reported back pain. Diagnoses include lumbosacral disc degeneration. Treatments to date have included nerve conduction and MRI studies, physical therapy, TENS unit and prescription pain medications. The injured worker continues to experience chronic low back pain with radiation to the lower extremity. Upon examination, there was reduced range of motion and palpable tenderness of the paravertebral muscles, bilaterally overlying the L4-L5 region. A request for a home H wave device was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave device Page(s): 117.

**Decision rationale:** The patient presents with chronic low back pain with radiation to the lower extremity. The request is for Home H Wave Device. There is no RFA provided and the patient's date of injury is 05/16/12. The diagnoses include lumbosacral disc degeneration. Per 04/02/15 report, physical examination of the lumbar spine revealed palpable tenderness of the paravertebral muscles, bilaterally overlying the L4-L5 region. There is a normal gait, no sign of weakness, and SLR is negative, bilaterally. Treatments to date have included nerve conduction and MRI studies, physical therapy, TENS unit and prescription pain medications. Medications include Percocet and OxyContin. The patient is temporarily totally disabled. MTUS Guidelines page 117 states: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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. And, only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In this case, the requesting report was not provided for review. Review of the medical reports indicates the patient has failed conservative care including, physical therapy, TENS and medications. Regardless, MTUS recommends a one month home-based trial for patient's with soft tissue inflammation that have failed initial conservative care. The request for a Home device is not within guidelines. Therefore, the Home H wave device is not medically necessary.