

<b>Case Number:</b>	CM15-0076294		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/05/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/14/2015
<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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 39 year old female, who sustained an industrial injury on February 5, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a disc herniation lumbar 4-5 with recurrence times two - status post microdiscectomy times two in 2012, status post lumbar 4-5 transforaminal lumbar interbody fusion in 2013, persistent right leg radiculopathy with right lumbar 5 dysesthesias, and right foot drop. Diagnostics to date has included MRIs, CT, and x-rays. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, and medications including topical pain, oral pain, anti-epilepsy, and muscle relaxant. On March 16, 2015, the injured worker complains of right sided low back pain with pain and numbness in the right shin and calf to the dorsal and plantar aspect of the foot. Her symptoms are rated 6-8/10 with medication and 9-10/10 without medications. The physical exam revealed walking with a limp favoring the right lower extremity, inability to heel or toe walk due to pain, a postoperative lumbar spine scar, tenderness to palpation of the right lumbar paravertebral musculature and midline lower lumbar spine, decreased sensation over the lumbar 5 dermatome distribution, dorsal right foot hypersensitivity, decreased range of motion, decreased reflexes of the bilateral ankles, decreased motor strength of the right lower extremity, and a positive right straight leg raise. The treatment plan included continuing her current topical pain, muscle relaxant, and anti-epilepsy medications and a request for anterior lumbar interbody fusion at lumbar 4-5. On March 16, 2015, the treating physician noted that the injured worker had used an H-Wave device from February 6, 2015 to March 11, 2015. The use

of the H-Wave device resulted in the injured worker needing less oral pain medication and having the increased ability to perform more activity and greater overall function. She reports sleeping better and relaxation of muscles. The treatment plan includes the purchase of a home H-Wave device.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 home h-wave device purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more house work, etc). The treating physician does confirm there was a decrease in pain medication usage. Further, there is described ongoing treatment modalities (PT, meds) for which the H-Wave would be used as an adjunct. Prior therapies are also noted (to include use of a TENS unit and a 30 trial of H-wave) As such, I am reversing the prior decision and find the request for purchase of 1 H-wave unit to be medically necessary.