

<b>Case Number:</b>	CM15-0076972		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: North Carolina  
 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 37 year old male, who sustained an industrial injury on 12/11/10. He reported pain in his mid-back after he tried to stop a gurney from falling down the steps. The injured worker was diagnosed as having thoracic degenerative disc disease. Treatment to date has included physical therapy, TENs unit and pain medications. As of the PR2 dated 3/30/15, the injured worker reported the ability to perform more activity and greater overall function due to the use of the H-wave device. He noted a 55% reduction in pain and better sleep. The treating physician requested an outpatient home H-wave device for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Home H Wave device for purchase:** Overturned

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

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

**Decision rationale:** The California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 patient has documented improvements in pain and function with a one-month trial of H wave therapy. Therefore the request is medically necessary.