

<b>Case Number:</b>	CM15-0092456		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 59 year old male, who sustained an industrial injury on 3/25/2014. Diagnoses include low back pain. Treatment to date has included modified work, medications including Tramadol, Alprazolam, Omeprazole, Cyclobenzaprine and Naproxen, physical therapy, acupuncture and extracorporeal shockwave therapy (ESWT). Diagnostics have included EMG (electromyography)/NCV (nerve conduction studies) on 6/20/2014 which revealed abnormal EMG and NCV of the bilateral lower extremities, consistent with likely moderate left L6 radiculopathy and no evidence of peripheral neuropathy. Per the Primary Treating Physician's Progress Report, dated 2/25/2015 the injured worker reported upper back and lower back pain and myospasm in his neck and back that has shown steady but slow improvement. He is reliant on medication on a daily basis for control of the pain. Physical examination revealed paraspinal tenderness and decreased range of motion of the lower back and cervical spine. The plan of care included medication refills, continuation of physical therapy, and application of ice and authorization was requested for home H-wave device purchase.

### 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 for lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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 (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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum 2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review meets criteria for the continued use of this therapy and therefore the request is certified.