

<b>Case Number:</b>	CM15-0098723		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 48 year old male, who sustained an industrial injury on 7/18/2011. The current diagnoses are degenerative disc disease of the lumbar spine with facet arthropathy, myofascial spasms, and lumbar stenosis with radiculopathy, right meralgia paresthetica, bilateral sacroiliitis, and obesity. According to the progress report dated 2/4/2015, the injured worker complains of worsening low back pain and right knee pain with standing. The pain is rated 3-4/10 on a subjective pain scale. The current medications are Norco and Tizanidine. Treatment to date has included medication management, ice, and home exercise program. The plan of care includes ongoing monthly H-wave supplies (electrodes, conductive paste or gel).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO (DOS 4/8/15): Ongoing monthly H-wave supplies (electrodes, conductive paste or gel): Upheld**

**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 stimulation Page(s): 117.

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled studies supporting its use in radicular pain and focal limb pain. There is no documentation that the H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including physical therapy. Therefore, the retrospective request for Ongoing monthly H-wave supplies (electrodes, conductive paste or gel) is not medically necessary.