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| Case Number: | CM14-0101338 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/17/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27 year old male who was injured on 07/17/12 while stacking freight onto pallets. The injured worker complains of low back pain and is diagnosed with lumbago. Treatment has consisted of medication management, physical therapy, trigger point injections and a trial with an H wave. H Wave Patient Delivery Evaluation dated 12/31/13 notes the injured worker rated his pain level at a 4 to 5/10 and complained decreased range of motion (ROM) prior to the initial treatment. This note indicates that after one treatment the injured worker rated his pain at a 1/10 and claimed better ROM. A Registration and Compliance Confirmation Card is completed by the injured worker on 01/13/14. The injured worker notes the H wave has enabled him to walk farther and sleep better without waking up from pain. The injured worker indicates he received seventy percent relief with the device. Clinical note dated 05/14/14 notes the injured worker was experiencing improvement with the use of the H wave. It is noted the injured worker uses the unit for 40 minutes two to three times daily. This note also notes the injured worker is released to return to full duty. A request for the purchase of an H Wave device is submitted. This request was denied by utilization review decision dated 05/27/14. The records submitted for review include a letter composed by the injured worker in response to the denial of the purchase of an H Wave. This letter is not dated. Within this letter, the injured worker notes that the trial with the device allowed him to walk and stand with less pain for longer periods of time and enabled him to return to work on regular duty. The injured worker notes that his job requires him to be on his feet for eight to nine hours per day with repetitive lifting of up to 65 pounds. It is noted pain at the end of a day typically rates at a 6/10 and is reduced to a 0 to 2/10 after a forty five minute treatment with the device. The injured worker states that he feels the H wave has enabled him to progress more so than any previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase/Indefinite Use of The Home H-Wave Device for Submitted Diagnosis Lumbar (Lower Back) Pain with Radiculitis, as an Out-Patient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back%20Table%202%20Summary%20of%20recommendations%20Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, H-wave stimulation Page(s): 117-118.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate H wave devices are considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration. Guidelines recommend an initial trial with the device and notes should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. The records submitted for review indicate the injured worker participated in an H wave trial and utilized the device two to three times per day for forty five minutes per session. The injured worker reports use of the device enabled him to stand longer with less pain and walk farther distances. Records indicate the injured worker has been able to return to work with full duty which is reportedly a result of the injured worker's use of the device. Records include the injured worker's report of reduced medication usage from four doses of pain reliever per day to two doses or less when the H-wave was used. Based on the clinical information provided, medical necessity of the purchase of a H wave device for home use is medically necessary.