

<b>Case Number:</b>	CM13-0023973		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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:

Primary treating physician's progress report 07-30-2013 documented diagnoses: (1) Left C7 radiculopathy with triceps weakness (2) C5-6 degenerative disc disease and stenosis, left (3) Status Post C5-6 anterior cervical discectomy and fusion 5/28/12. Date of injury was 03-11-2011. Physical examination demonstrated 5/5 motor power and 2+ reflexes in bilateral upper extremities. Utilization review dated 08-19-2013 recommended non-certification of the request for H-wave device.

### 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 THE CERVICAL AND LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Unit purchase.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Electrical stimulators (E-stim) Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrotherapies.

**Decision rationale:** The Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 45) defines H-wave stimulation (HWT) as a type of electrical stimulation treatment. H-wave device is a type of electrical stimulator (E-stim). H-wave stimulation (HWT) is a type of transcutaneous electrotherapy. TENS (transcutaneous electrical nerve stimulation) is a type of transcutaneous electrotherapy, electrical stimulation treatment, electrical stimulator (E-stim). Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 173-174): There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultra- sound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181): Regarding the clinical measure physical treatment methods, TENS & Other modalities - Not Recommended. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): Electrotherapies are not recommended. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain. In pain as well as other outcomes, the evidence for treatment of acute or chronic mechanical neck disorders by different forms of electrotherapy is either lacking, limited, or conflicting. The Work Loss Data Institute guidelines for the neck and upper back (acute & chronic): Electrotherapies are not recommended. Primary treating physician's progress report 07-30-2013 documented diagnoses: (1) Left C7 radiculopathy with triceps weakness (2) C5-6 degenerative disc disease and stenosis, left (3) Status Post C5-6 anterior cervical discectomy and fusion 5/28/12. There is no documentation of enrollment in functional restoration program. MTUS, ACOEM, ODG, and the Work Loss Data Institute guidelines do not support the medical necessity of H-wave electrotherapies. Therefore, the request for a Home H-wave device purchase is not medically necessary.