

<b>Case Number:</b>	CM13-0029339		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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:

41 yr. old female claimant sustained an injury on 3/16/01, which resulted in left hand, left wrist, left leg and back pain. She has been treated with physical therapy, psychiatric therapy, opioids, Pristiq, Avinza and muscle relaxants for pain control. An examination in June 2013 indicated lumbar paraspinal tenderness, reduced range of motion of the cervical spine, and right wrist tenderness. She was continued on h-wave therapy which had provided her 50% pain relief and was started in April 2013. H-wave was subsequently continued monthly along with analgesics

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One H-wave home device between 9/6/2013 and 11/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain 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. 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. In this case, the employee has been on H-wave for several months. There is no comparison documentation to TENS unit. A TENS is appropriate for chronic pain greater than 3 months, as is in this case. The continued use of H-wave is not medically necessary.