

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0034460 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 07/27/2008 |
| <b>Decision Date:</b> | 01/23/2014   | <b>UR Denial Date:</b>       | 09/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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 Interventional Spine, 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 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.

### 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 Patient is a 60-year-old with a date of injury of 07/27/2008. Patient has a diagnoses of cervical disc disease with myelopathy and cervical sprain/strain. Report dated 03/04/2013 shows patient continues with neck pain, which radiates to bilateral upper extremities with decreased strength. Medical records show H-wave unit was initiated on 04/17/2013. It was documented that the patient had marked improvement with the trial and a request for a 3 month rental was made. UR denied this request on 06/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An H-Wave device purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The progress report after the patient's trial of the H-wave unit indicates that the patient has decreased the need for oral medication and has reported ability to perform more activities (attending family functions) and great overall function (walking, sitting, standing for prolonged period). A patient survey dated 08/14/2013 reports pain at 6.5/10, an apparent 50% improvement after using H-wave unit. Prior

treatments included TENS (transcutaneous electrical nerve stimulation) unit that was ineffective, PT (physical therapy), medications including Norco, Lyrica, Naproxen, Lidoderm patches and acupuncture. The Chronic Pain Medical Treatment Guidelines guidelines do not recommend H-wave unit as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be used as an adjunct to a program of evidence-based functional restoration, and only after failure of initially recommended conservative care, including PT and medications, plus the TENS. Trial periods of more than one month should be justified by documentation submitted for review. In this case, adequate successful treatment has been demonstrated with the one-month trial of an H-wave device. The patient does suffer from chronic soft-tissue inflammation issues. The request for an H-Wave device purchase is medically necessary and appropriate