

<b>Case Number:</b>	CM13-0035294		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant presents with low back pain radiating to the posterior thighs with occasional tingling, neck pain with radiation to the left upper extremity with numbness and tingling, mid back pain, sleep difficulty due to chronic pain and cervicogenic headaches when neck pain becomes intense. The physical exam was significant for paralumbar muscle spasm and tenderness, more on the right than on the left, decreased range of motion of the lumbar spine, positive straight leg raise, spasm of the paracervical muscles with moderate swelling and tenderness more on the right than on the left, decreased range of motion of the cervical spine, slight tenderness and spasm, more on the left than on the right, and decreased sensation to light touch of the left foot in the L5 distribution. The claimant was diagnosed with cervical strain predominantly left sided with left cervical radiculopathy, lumbar strain, mostly left-sided with left lumbar radiculopathy, thoracic strain, left greater than right and cervicogenic headaches, intermittent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

**Decision rationale:** An H-Wave Unit is not medically necessary. The MTUS guidelines on page 17 state that H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). As it relates to this case H-wave therapy was the recommended therapy for chronic back pain associated with cervical and lumbar radiculopathy. Per MTUS the claimant does not have a qualifying medical condition for H-wave therapy and there is no documentation that the treatment will be used in conjunction with an evidence based functional restoration program.