

<b>Case Number:</b>	CM13-0041544		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 patient is a 53-year-old female who worked as a caregiver employed by [REDACTED]. The patient states that on 10/15/2012 while assisting a client into the shower the client lost her balance and fell onto the patient. The patient did not fall but immediately began to have pain in her neck and low back. She was seen at [REDACTED] two days after the incident where she completed x-rays, was given a back brace and prescribed medications. The patient was later referred for six sessions of physical therapy with 60-70% improvement in her symptoms. The patient stated that she had a previous injury to her cervical spine in January 2005 as a result of a car accident. The symptoms of that injury resolved after treatment. Initial examination of the cervical spine demonstrated right-sided trapezial spasms with tenderness. There was decreased lateral bend and rotation with pain. Thoracic examination demonstrated spasms on the left with tenderness on the right. Radiographs of the cervical spine demonstrated straight lordosis, disc space narrowing, anterior fusion at C5, C6 and C7 and anterior osteophytes and retrolisthesis at C4, C5. Lumbar spine radiographs demonstrated facet hypertrophy at L4-L5 and L5-S1 and grade 1 spondylolisthesis at L4-L5. The patient was referred for physical therapy which she responded well to with improvement in her symptoms. She also responded well to the H-wave unit with a decrease in her pain. Using the H-wave unit therapy was allowing her to decrease her oral intake of medications. In a recent progress report it was noted that the patient was doing substantially better and was trying to wean herself off medication. Now, it is noted that the patient only takes a muscle relaxant at night and is rarely taking Ibuprofen during the day. A request was made for the continued use of the H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for H-wave device for purchase for cervical and thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy, Page(s): 117 to 118 of 127.

**Decision rationale:** With respect to H-wave stimulation, the guidelines does not recommended it as an isolated intervention, but a one-month homebased 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)." .. More important there is no confirmation that the proposed one month trail of an H-Wave unit was to be in conjunction with performance of evidence-based functional restoration program. Therefore the request for H-wave stimulation one-month home-based trial is not medically necessary.