

<b>Case Number:</b>	CM13-0046749		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 02/23/12. A progress report dated 08/26/13 identified subjective complaints of right infraclavicular and interscapular pain. Objective findings included neck tenderness and decreased range-of-motion. Diagnoses included status post cervical fusion at C5-6 and C6-7 with delayed union of C5-6. The original request for an H-Stimulator was in July, then on 10/01/13. Treatment has included a cervical fusion in January of 2013. A Utilization Review determination was rendered on 10/14/13 recommending non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE PURCHASE OF A HOME H-WAVE STIMULATOR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; H-wave Stimulation Page(s): 114-118.

**Decision rationale:** The medical Treatment Utilization Schedule (MTUS) Guidelines specifically state that H-wave stimulation is not recommended as an isolated intervention, but a

one-month home-based trial may be considered for diabetic neuropathy or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, medications, and TENS. In this case, the H-wave therapy unit is being requested for a type of pain not specified as indicated for treatment. Transcutaneous electrotherapy is not recommended for the neck & upper back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one month trial should be attempted. Therefore, there is no documented medical necessity for an H-wave therapy unit.