

<b>Case Number:</b>	CM13-0068398		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine & Rehabilitation 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 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:

The underlying date of injury in this case is 01/22/2012. The primary diagnosis is cervical disc displacement. On 11/20/2013, the patient was seen in pain medicine follow up. The patient reported a history of neck surgery on 10/17/2013. She was taking Percocet and reported that MSContin helps with her pain and that overall she had a 50% improvement in pain and strength. The treating physician planned to wean the patient's pain medications. A separate patient history form signed by the patient on 01/13/2013 reports that the patient had symptoms in the neck and the patient previously tried a TENS device in the clinic and this did not provide satisfactory relief. A prescription for continued use of H-wave is signed by the patient's treating physician on 10/14/2013, with check boxes indicating the patient had pain and impaired activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, H-Wave Stimulation.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines states that H-wave is not recommended as an isolated intervention. However, the guideline does state that a one-month home-based H-wave stimulation trial may be considered for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and following failure of initially recommended conservative care including physical therapy and medications plus transcutaneous electrical nerve stimulation. In this case, the medical records do document that this patient has had extensive evidence-based functional restoration and a trial of TENS. It is unclear, however, from the available documentation whether this patient has had a prior 30-day H-wave trial and if so what the results of that trial were. Therefore, for that reason, this request for purchase of an H-wave device is not supported by the medical records and guidelines. At this time, the medical records do not meet the guideline criteria. This request for a home H-wave device is not medically necessary.