

<b>Case Number:</b>	CM14-0000348		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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:

This is a 45 year old female patient s/p injury 9/17/01. Therapy note 12/26/13 states that the patient had a recent flare up of neck pain that had originally started in 2001 after a car accident. The patient has neck pain 4-5/10. Active flexion to 60 degrees, active rotation right 50 degrees. The patient is progressing in therapy. 12/4/13 progress note states that the patient has neck pain radiating down both arms. She has been treated with activity modification, medication, CESI, and therapy. There is documentation of a 12/23/13 adverse determination due to lack of documentation of details regarding an H-wave trial with documented outcomes and reason for replacement DME (cord and charger).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave Replacement Battery cord/charger:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as

an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Medical practice standards of care make it reasonable to obtain documentation of the patient's response to previous use, continued presence of indications, and clear indications as to why a replacement would be required, such as malfunction or breakdown. There is no clear evidence of a trial of H-wave use with objective measures of outcomes such as pain relief, functional benefit, and medication reduction. There is no discussion of the need for a replacement battery related to malfunction or breakdown. The request is not medically necessary.

**H-Wave Supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no clear evidence of a trial of H-wave use with objective measures of outcomes such as pain relief, functional benefit, and medication reduction. Without clear evidence of medical necessity for an H-wave unit, associated supplies are not medically necessary.