

<b>Case Number:</b>	CM14-0000364		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 55-year-old patient with an November 10, 2007 date of injury. The patient has had severe neck pain with radiation to the right arm. She had headaches and sleeping difficulties. The patient underwent ACDF C4-5 on September 16, 2013. She has demonstrated remarkable improvement since the operation. She has received activity modification, medication, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, injections, and surgical intervention. There is documentation of a December 23, 2013 adverse determination due to lack of documentation of significant improvements in activities of daily living, work restrictions, or medication intake as a result of H-wave use. The H-wave unit has been used since April 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE MULTIFUNCTIONAL H-WAVE STIMULATOR< PURCHASED ON SEPTEMBER 13, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Device Section Page(s): 117-118.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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). However, review of records did not provide any documentation of objective measures of improvement with use of the H-wave. There was no description of the frequency and time-frames of use, pain relief, decrease in medication use, or functional benefits derived from H-wave use. There was no description of concurrent therapeutic modalities. The request for one multifunctional H-Wave stimulator, purchased on September 13, 2013, is not medically necessary or appropriate.