

<b>Case Number:</b>	CM14-0001615		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/01/1991
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 and 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 injured worker is a 79 year old female who reported an injury on 10/1/91. The mechanism of injury was not provided for review. In the clinical note dated 11/21/13, it was documented that the injured worker had chronic cervicgia related to the shoulders that had failed conservative treatments. The injured worker complained of thoracic pain made worse by moving and bilateral lumbar pain related to the lower extremities. She describe her pain as sharp, dull/achy, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, and spasm. Her pain was at 4/10 on a good day and 10/10 on a bad day. The alleviating factors for the pain were documented as cold, rest, lying down, quiet, medication, and massage. The prescribed medications were Norco 7.5/325mg, Kadian 20mg, Pantoprazole sodium, Lasix, Zocor 40mg, and Mavik 4 mg. The physical examination revealed tenderness at the cervical spine at C6-C7, diffused tenderness on the mid parathracic area, and bilateral paralumbar tenderness greater on the right than the left. There was documentation of positive straight leg raise bilaterally back only. It was documented that the injured worker had a past health history of diabetes type 2 and breast cancer. The treatment plan included H-wave purchase, since the injured worker had reported 30% decreased pain with use allowing increased range of motion, sleep, and driving. The injured worker first used H-wave therapy on 10/3/13 since TENS therapy did not help. The plan was to continue prescribed medications, continue physical therapy, and consider a stimulator trial at the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE FOR PURCHASE:** 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 Page(s): 117-118.

**Decision rationale:** The California MTUS guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based 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). H-wave devices are also available for home use. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-wave stimulation helps to relax the muscles, but there are no published studies to support this use. In the clinical documentation provided for review, it was documented that physical therapy was helping with the injured worker's pain and the H-wave was only helping 30%. Given the lack of significant relief, purchase would not be warranted at this time. As such, the request is not medically necessary.