

<b>Case Number:</b>	CM14-0007513		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Practice and is licensed to practice in California, Tennessee, and Virginia. 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 claimant is a 33 year old female whose date of injury is 11/11/2010. The patient tripped and fell injuring the neck and lower back. Treatment to date includes Sacro injections, physical therapy, TENS unit, individual psychotherapy, diagnostic testing and medication management. The submitted clinical records are dated 2012. Home H-Wave device has been requested.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117.

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

**Decision rationale:** According to the Chornic Pain Medical Treatment Guidelines, regarding H-Wave stimulation, "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS." In this case, the most recent clinical records submitted for review are dated 2012. There is no current, detailed physical examination submitted for review. There is no indication that the patient has undergone a successful trial of H-wave to establish efficacy of treatment as required by CA MTUS guidelines. The patient was reportedly authorized for a TENS unit trial on 09/05/13; however, the patient's objective, functional response to this treatment is not documented. Therefore, the request for a home H-Wave device is not medically necessary and appropriate.