

<b>Case Number:</b>	CM14-0012508		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/30/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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:

The injured worker is a female with a date of injury of 3/3/2008. Per primary treating physician's progress report dated 12/4/2013, the injured worker complains of neck pain, bilateral upper extremity pain, bilateral shoulder pain and bilateral knee pain. Pain level has remained unchanged since last visit with no new problems or side effects. Quality of sleep is poor and activity level has remained the same. She continues to use H-wave, Pilates, yoga and exercises to manage her pain. Examination reveals that the injured worker ambulates with a normal gait without the assistance of a device. Cervical spine has restricted range of motion in all planes. The paravertebral muscles have spasm and tenderness bilaterally, with no spinal process tenderness. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Motor exam and sensory exam are normal. The diagnoses include cervical pain; cervical radiculopathy; lumbar radiculopathy; chronic back pain; and knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement H-Wave Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. Primary treating physician's progress report dated 1/2/2013 notes that the injured worker had a trial with TENS unit with no benefit. At that time an H-wave unit was requested, but there was no report of a successful trial with the H-wave. With the current request, the injured worker is reported to be using the H-wave along with yoga, Pilates, and exercise, but there is no reported functional benefit or reduced pain with the use of H-wave. Her pain and function is noted to be the same. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for replacement H-Wave Supplies is determined to be not medically necessary.