

<b>Case Number:</b>	CM14-0122434		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/20/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 & 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 62-year-old male who reported an injury on 03/20/2010. Prior therapies included physical therapy. The specific mechanism of injury was not provided. The medications were not provided. The injured worker underwent x-rays and MRIs of the cervical spine. The injured worker had an EMG/nerve conduction study of the bilateral upper extremities. The most recent documentation was dated 05/15/2014. The documentation indicated that the injured worker would complete physical therapy. The injured worker had pain to the neck radiating down to the lumbar spine. The injured worker had difficulty with running, and had tightness and stiffness. The physical examination revealed tenderness to the bilateral paracervical muscles. The injured worker had trapezius tenderness to palpation. The injured worker had decreased range of motion. The injured worker's diagnoses included cervical spine strain and C5 through C7 spondylosis. The treatment plan included continuing with physical therapy. There was no Request for Authorization submitted for review or physician documentation requesting the H-Wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment H-wave unit purchase quantity 1.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous).

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

**Decision rationale:** The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, they do recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). There was a lack of documentation of a trial and failure of a TENS unit, physical therapy and medications. There was a lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to a program of evidence based restoration. The clinical documentation submitted for review failed to indicate the injured worker had utilized the unit for a one-month trial and had objective functional benefit and an objective decrease in pain. There was a lack of documentation of a failure of physical therapy and medications. There was a lack of physician documentation requesting the unit. Given the above, the request for Durable medical equipment H-wave unit purchase quantity 1 is not medically necessary.