

<b>Case Number:</b>	CM14-0154035		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal 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 (IW) is a 53-year-old man with a date of injury of May 2, 2013. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated August 6, 2014, the following objective/subjective findings were noted after use of home H-wave: In a survey, the IW reports the ability to perform more activities and had greater overall function due to the use of H-wave device. He reports a 50% reduction in pain after using H-wave. According to the IW, he sleeps better while using H-wave. He is utilizing the H-wave 2 times per day, 7 days per week for 30-45 minutes per session. The IW was diagnosed with shoulder impingement and displacement of cervical intervertebral disc without myelopathy. Current medications were not documented. The provider indicated that the IW has not improved with conservative care. The trial of home H-wave has shown benefit and is recommending H-wave device purchase for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Stimulation

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, H wave stimulation (HWT) is not medically necessary. The guidelines state HWT is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of HWT for treatment of chronic pain as no high-quality studies on this topic were identified. HWT is not recommended as an isolated intervention. Patient selection criteria are enumerated in the ODG. See guideline for details. HWT should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the injured worker received a free 30 day trial of the H wave home system. The outcome report indicated H wave help more than prior treatment and that no medication had been taken since he received the home each wave unit. H wave has not allowed the injured worker to decrease or eliminate medication. The engine worker is 53 years old date of injury May 2, 2013. There were no objective findings documented as a result of HWT. There were no prescription medications being used in the injured worker and the injured worker has not returned to work. There was no evidence of ongoing physical therapy, home exercise and medication use (or reduction). HWT is not recommended as an isolated intervention. Consequently, H wave stimulation is not medically necessary.