

<b>Case Number:</b>	CM14-0172077		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

This 60 year-old patient sustained an injury on 5/30/1997 while employed by [REDACTED]. Request(s) under consideration include Home H-Wave Purchase. The patient continues to treat for chronic neck, lower back, and mental disorders. Conservative care has included medications, therapy (at least 32+ sessions), cervical epidural steroid injections C6-7 (on 1/7/13), and modified activities/rest. There were previous peer reviews dated 2/28/14 with denial of H-wave 30-day trial and 5/20/14 with approval for H-wave 30-day trial and denial for DME H-wave purchase. Report of 2/5/14 from the PA/provider noted the patient with constant low back pain radiating down the left leg; neck pain radiating down arm. TENS unit was noted to help a lot when first used, but was only getting 20-30 percent relief now. Pain was rated at 5/10 without and 3/10 with medications. Exam showed diffuse tenderness over facet joints; cervical paraspinals with posterolateral muscle spasm and myofascial tightness; limited cervical range; lumbar spine with limited painful range; muscle spasm; tenderness over paraspinals with myofascial restrictions; positive SLR on left; intact 5/5 motor strength in bilateral lower extremities; DTRs 2+ and intact sensation. Diagnoses include lumbar radiculitis; cervical DDD/ spinal stenosis/ disc herniation/ radiculitis at left C6/ neck pain; muscle pain; dysthymic disorder and anxiety. Medications include Percocet, Ativan, Skelaxin, Zolof, Zalatan, Prilosec, Celebrex, Spiriva, Serevent, Levalbuteral, Soma, Aciphex, Flomax, Veramyst, and Dymista. The patient remained permanent and stationary (P&S). Report of 5/5/14 from the provider noted ongoing chronic pain symptoms with impaired ADLs. Diagnosis was cervicgia with plan for H-wave system purchase. The request(s) for Home H-Wave Purchase was non-certified on 5/20/14 and 9/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

**Decision rationale:** Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. Multiple abstract publications for H-wave device were provided. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 1997. There is no documented specific failed trial of TENS unit as the patient noted help from its use although decreased; however, VAS decreased with multiple medications use as well. There is no indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The Home H-Wave Purchase is not medically necessary and appropriate.