

<b>Case Number:</b>	CM14-0020513		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 patient is a 51-year-old female who has submitted a claim for cervical and lumbosacral sprain/strain, cervicobrachial and lumbar myofascial pain, and left lumbar radiculopathy associated with an industrial injury date of January 28, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent neck and lower back pain with radiation to the bilateral upper extremities and left lower extremity. Physical examination showed tenderness and spasms in the left trapezius muscle, restricted cervical and lumbar spine ROM due to pain, decreased sensation to touch in the left calf and foot, decreased strength in dorsal and plantar flexion on the left, and positive facet loading maneuver. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, antidepressants, topical analgesics, home exercise programs, cognitive behavioral therapy, physical therapy, and transforaminal nerve root blocks. Utilization review from January 20, 2014 denied the request for H-wave stimulation unit trial. Reason for denial was unavailable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE STIMULATION UNIT TRIAL.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 H-wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient reported persistence of neck and lower back symptoms despite intake of oral pain medications. However, a urine drug screen from August 23, 2013 did not detect the prescribed Vicodin. In addition, patient's response to previous physical therapy was not documented. The medical records reported that the patient used a TENS unit during physical therapy. However, there was no documentation of failure of a 1-month TENS trial. Therefore, the request for H-wave stimulation unit trial is not medically necessary.