

<b>Case Number:</b>	CM14-0023445		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/18/2002
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 56-year-old female who sustained an injury to the bilateral upper extremities and shoulders, cervical and upper thoracic pain and mental health issues on 6/18/02 as result of unknown mechanism of injury. Since the date of injury, she has had continuous neck pain with findings of C5-6 herniated nucleus pulposus, neural foraminal stenosis, bilateral upper extremity weakness and radiculopathy associated with that level and at C6-7 and has also undergone an anterior cervical discectomy with fusion at C5-6 and C6-7 on 04/05/2013. The patient experienced PVC's (premature ventricular contractions) and tachycardia following her surgery. In addition to the cervical condition, there is referring of low back and shoulder discomfort with the patient being sent to physical therapy for these issues. [REDACTED] Follow-Up Examination Exam dated 12/10/2013 documents right and left shoulder pain that is 6/10 and 7/10, respectively with the pain described as achy, sharp, stabbing and throbbing that occurs with light physical activity that radiates down the bilateral arms. Additionally, her upper back pain is 6/10, frequently occurs and is described as aching, stabbing, throbbing that worsens with light physical activity. The objective portion of this Exam lacks any documentation of a physical exam. An outpatient correspondence between her physical therapist and treating physician dated Dec 4, 2013 states that the patient has muscle spasm of the left rhomboid with excessive scapular adduction at rest. It further states that the "Treatment has included the use of H-Wave electrical stimulation and has provided her with significant relief. She would benefit from a home unit to manage her pain." In dispute is the decision of a 1-month H-Wave home evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE X1 MONTH HOME EVALUATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Section Page(s): 117-118.

**Decision rationale:** H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H- Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. H-wave stimulation is sometimes used for the treatment of pain related to muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. H-wave therapy has already been documented in provided pain relief to the patient during physical therapy. With the finding of spastic musculature, predominately the left rhomboid and H-wave stimulation sometimes being used for the treatment of pain related to muscle sprains, as well as for muscle spasm, I find that request is medically necessary for the 1-month trial. H-wave therapy has already been documented in provided pain relief to the patient during physical therapy. With the finding of spastic musculature, predominately the left rhomboid and H-wave stimulation sometimes being used for the treatment of pain related to muscle sprains, as well as for muscle spasm, I find that request has merit and is authorized for the 1-month trial.