

<b>Case Number:</b>	CM14-0023524		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<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:

This is a 38-year-old female who sustained both a cervical and brain injury on 9/26/2012 as result of being pinned against a wall by a forklift. Since that time she had worsening neck pain that is severe in intensity that radiates to the right scapulae. She also reports weakness and numbness of the right hand with mild weakness of her right fingers. Additionally, the patient also has back pain that radiates occasionally down the right leg with associated weakness of her right foot / ankle. Right shoulder MRI identified mild capsular hypertrophy w/ minimal glenohumeral joint effusion. A right knee MRI identifies a horizontal tear, posterior horn of the medial meniscus and an intracapsular effusion. Cervical MRI identifies a 2.5mm disc herniation at the C6-7 and 2mm disc herniation at C5-6 and C4-5. The most recent PR-2 documents that the patient has the above mentioned complaints. On physical exam, the patient's strength is 4/5 of the right finger flexors and intrinsic muscles of the right hand with sensor loss in the right hand. Deep tendon reflexes are absent in the right arm. Strength is measured as 4/5 of the right plantar flexors and hamstring muscles w/ sensor loss of the dorsal aspect of the right foot. Seep tendon reflexes are absent at the right patellar tendon. The patient has utilized Norco 10/325mg and Flexeril (at night) for pain management. In dispute is the authorization for use of Home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 148.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation 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. As the patient has documented radicular symptomatology, as well as shoulder girdle muscular hypertonicity / spasticity (of particular the Trapezius muscle), a one-month trial in conjunction with the use of pain medication may prove of benefit and is therefore medically necessary.