

<b>Case Number:</b>	CM14-0027626		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

Patient is a 23year old male injured worker with date of injury 4/17/13 with related neck and back pain. He was diagnosed with C5-C6 disc bulge; Arnold Chiari syndrome; cervical syrinx; degenerative disc disease at L3-L4 with disc bulge. MRI of the cervical spine dated 9/27/13 revealed tiny disc bulge at C5-C6; no stenosis; syrinx in the spinal cord extending from arch of C1 the top of the dens to the bottom of the dens of the C2 vertebrae. MRI of the lumbar spine dated 1/22/14 revealed mild disc degeneration at L3-L4 with annular bulging 1-2 mm beyond the endplate margin. He was refractory to medication management and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE: 30 DAY TRIAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS DEVICES.

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

**Decision rationale:** The MTUS CPMTG states with regard to H-wave stimulation, "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

(Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." Per 2/19/14 report, the injured worker continues to complain of pain secondary to soft tissue inflammation and spasms and has not found significant relief with medications and physical therapy alone. TENS was also not indicated for him as MTUS indicates it is only for neuropathic pain and CRPS, not for soft tissue inflammation. The goal of the H-wave trial is to decrease the need of oral pain medications, improve the patient's ability to participate in increased activities of daily living and experience improved function. I respectfully disagree with the UR physician's assertion that the criteria for H-wave trial could not be verified. The requirement for an evidence based functional restoration program can be satisfied by the injured worker's participation in PT and having close follow up to ensure progression of functional improvement. The request is medically necessary.