

<b>Case Number:</b>	CM14-0029635		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Licensed in Dentistry 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 injured worker is a 64-year-old male who reported an injury on 08/17/2007 due to a fall. On the date of injury CTs of the cervical, thoracic, and lumbar spines were performed which were normal. No fractures were documented. The clinical note dated 12/23/2013 noted the injured worker complained of pain to the head, neck, shoulder, and lower back. The injured worker reported pain rated 1-8/10, depending on the activity performed. The injured worker also reported headaches with no loss of vision. Prior treatments included physical therapy and aquatic therapy. The injured worker noted the therapies improved strengthening and movement with pain. The injured worker was able to sit with no distress and was able to stand from a sitting position without distress. The physician diagnosed the injured worker with cervical degenerative disc disorder and lumbar disc degenerative disorder. The injured worker's medication regimen included Levothyroxine and Colace. The physician is requesting the purchase of an H-wave stimulator for the cervical and lumbar spine. The rationale for the H-wave therapy was to address soft tissue inflammation. The Request for Authorization Form was signed on 12/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF H WAVE STIMULATOR FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

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

**Decision rationale:** The California MTUS guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation could be considered as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. This is only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. There is no evidence that H-wave is more effective as an initial treatment when compared to the TENS unit for analgesic effects. There is no documentation indicating the injured worker failed conservative treatment with a TENS unit. The injured worker was not diagnosed with neuropathic pain in the upper or lower extremities or the spine. The injured worker stated there was improvement with conservative care, including physical therapy and aqua therapy; however, there is no supportive medical documentation chronicling the nature and extent of therapy progress. There is a lack of documentation indicating the injured worker completed a one month home based H-wave trial with documentation of the usage and efficacy of the unit. The physician did not note a treatment plan that included an evidence-based functional restoration program. As such, the request is not medically necessary.