

<b>Case Number:</b>	CM14-0062409		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female who had a work injury on 12/19/12. The diagnoses include cervical discogenic pain and headaches; left C6 radiculitis; cervical spinal stenosis; history of C6-7 fusion on 04/24/12; chronic pain syndrome. Under consideration is a request for Home H wave device purchase. A 6/23/14 document indicates that an H wave has been approved. She is very happy with this, since it helps to improve her symptoms and uses it daily. She has less spasms since being off work and using h wave. She is able to take less methocarbamol. She will continue with H-wave therapy for her neck pain and myofascial pain. The document also states that she is having a more difficult time managing her neck pain, shoulder pain and hand pain. She is having more pain with her duties at work. She has stiffness and spasms in her neck, mainly on the left side. She has burning, aching pain in the left occipital cervical region, left side of her neck, left interscapular area and throughout the left shoulder. She has stabbing, numb, buzzing pain in the left hand and 2nd and 3rd fingers. She has increased pain with lifting, especially to shoulder. She has limited mobility of the left shoulder. She has increased pain with sitting, bending, lifting and lying down. At night, she has difficulty sleeping from her neck pain and her shoulder pain. She props her left arm and elbow on a pillow to try to find a comfortable position, and she alternates this during the night. She has some relief of her pain with medications, ice and heat and with physical therapy. She rates her pain level 9/10 in intensity without medication and 6/10 with medication. Per documentation an appeal letter dated 05/16/14 indicates that the claimant has attempted and failed treatments since the claimant sustained a workplace injury, including several rounds of physical therapy, different types of medications, and treatment with TENS. The claimant has been using H-wave on a regular basis since December 2013 with good progress. The claimant has reduced oral muscle relaxers. Using an H-

wave on a regular basis allows the claimant to continue working 10-hour shifts without restrictions. H-wave use decreases the muscle spasm that the claimant would normally experience during and after working full shift. Most importantly, the claimant reports that H-wave provides better relief than the previous treatments and has been able to decrease medication use. The claimant is able to perform more activities of daily living in the areas of working full shift and the ability to perform more tasks around the house. The provider recommends continuing use of H-wave unit. A 1/2/14 document indicates that the patient received an H-Wave unit. She does feel that this is helping with the spasms of her neck. She no longer feels as much clicking when she rotates her neck. The patient is continuing to have left upper extremity pain. She feels that when she abducts her left upper extremity her arm feels like it weighs a hundred pounds. The patient states that she does not do much reaching with her left upper extremity due to her pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home H Wave Device unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** H wave device unit purchase is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The California (MTUS) Guidelines state that prior to an H wave purchase a one-month H wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate that the patient documented how often the unit was used as well as outcomes. Furthermore, a 6/23/14 document states that the H wave is helping with her symptoms, yet she is having a more difficult time managing her neck pain and having more difficulty with work duties. The recommendation for H wave device unit purchase is not medically necessary as there is no consistent documentation that the H wave has increased the patient's function or pain level. The request for H wave device is not medically necessary.