

<b>Case Number:</b>	CM14-0067306		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family 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:

This is a 51 year old female patient who sustained a work related injury on 8/05/2007. She sustained the injury due to lifting, falling and twisting. The current diagnoses include chronic pain syndrome, spinal stenosis of cervical region, other syndromes effecting cervical region, cervical radiculopathy, thoracic or lumbosacral neuritis orradiculitis, unspecified, displacement of lumbar intervertebral disc without myelopathy, other symptoms referable to back, cervicalgia, back pain, shoulder pain, right, knee pain (bilateral) and anxiety. Per the note dated 6/30/14, patient had complaints of pain in the bilateral arms, bilateral legs, neck, right shoulder, right buttock, thoracic spine, right hip, bilateral hands, bilateral knees and bilateral low back. Physical examination revealed decreased cervical ROM, pain with palpation over the cervical facet C3-6 bilaterally, pain with palpation over the lumbar facet at L4-5 and L5-S1 bilaterally and pain with hyperextension with torso rotation, depressed, dramatic mood and affect with intermittent crying. The medication list includes Norco, Ambien, Xanax, Soma, celexa and Zanaflex. Previous operative or procedure note related to the injury was not specified in the records provided. She has had urine drug screen on 1/15/14 which was positive for benzodiazepine and opiate. She has had physical therapy visits and approved for aquatic therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit for purchase:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines-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)." Evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including TENS and pharmacotherapy for this diagnosis. Evidence of failure of conservative therapy including physical therapy is not specified in the records provided. The medical necessity for H-Wave unit for purchase is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.