

<b>Case Number:</b>	CM14-0068097		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/30/2014
<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 Physical Medicine & Rehabilitation 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 patient is a 44-year-old female with a date of injury of 04/06/2009. The listed diagnoses per [REDACTED] are: 1.Degeneration lumbosacral disk disease. 2.Neck pain. 3.Pain in joint shoulder. According to progress report 04/23/2014, the patient presents with constant neck pain that is worse at the end of the day with increased muscle tension. The patient reports trouble sleeping at night secondary to the muscle tension and spasms. The patient continues to work full duty, but does have intermittent flareups of pain. Examination of the upper midback revealed significant muscle tension in the bilateral upper trapezius muscles extending into the thoracic paraspinous muscles. She does have tenderness to palpation that radiates from the thoracic paraspinous muscles out to the bilateral ribs mainly on the posterior and lateral sides. Patient's medication regimen includes naproxen 550 mg, pantoprazole 20 mg, buprenorphine 0.1 mg, and Cyclobenzaprine 5 mg. The physician is requesting a 30-day trial rental or purchase of an H-wave unit and supplies. Utilization review denied the request on 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit and supplies x 30 day trial (rental or purchase):** Overturned

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) pags117, 118.

**Decision rationale:** Per MTUS Guidelines, H-wave is not recommended as an isolated intervention but a 1-month home-based trial of H-wave stimulation may be considered as non-invasive conservative option for diabetic neuropathic pain or 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 physical therapy, medication, and TENS unit. In this case, the patient has persistent pain despite medication and has failed a trial session of TENS unit. At this juncture, a trial 30-day H-wave unit and supplies may be warranted. Therefore, H-wave unit and supplies x 30 day trial (rental or purchase) is medically necessary.