

<b>Case Number:</b>	CM14-0099536		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/29/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Occupational 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 45-year-old female who submitted a claim for cervical spondylosis at C5 to C6, with possible radiculopathy, and cervical thoracic strain associated with an industrial injury date of 8/29/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of pain from her occiput to coccyx area. Physical examination from 12/6/2013 showed tenderness of the occiput to the coccyx. Neurologic exam was intact. On patient's compliance report, she had 19 days of H-wave trial which resulted in 50% pain improvement. Patient also reported decreased medication use, improved sleep quality, and better range of motion and a greater overall function associated with its use. Treatment to date has included use of a TENS unit, physical therapy, and medications. Patient reported that previous use of a TENS unit resulted in increased pain. Utilization review from 6/9/2014 denied the request for H-wave purchase because there was no measurable reduction in dosage, and frequency of pain medication use. Moreover, there was no improved functional status or positive changes in work status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave -Purchase:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient complained of pain from occiput to coccyx area. Symptoms persisted despite use of a TENS unit, physical therapy, and medications, prompting H-wave trial. As stated on H-wave patient's compliance report, she had 19 days of H-wave trial which resulted to 50% pain improvement. Patient also reported decreased medication use, improved sleep quality, and better range of motion. Patient also had greater overall function associated with its use. However, there was no recent physical examination to support the presence of chronic soft tissue inflammation. The 12/6/2013 report only showed presence of tenderness from occiput to the coccyx with intact neurologic exam. Furthermore, there was no evidence that H-wave will be used in conjunction to an exercise program since the guidelines do not recommend it as a solitary mode of treatment. The request likewise failed to specify the body part to be treated. Given the aforementioned the request for purchase of H-wave unit is not medically necessary.