

<b>Case Number:</b>	CM14-0019652		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 50 year-old female with a 12/19/12 date of injury. According to the 12/30/13 medical report she presents with 8/10 neck pain that decreases to 4/10 with medications. The report states that the patient received an H-wave unit and subjectively it was helping with cervical muscle spasms. The records included the H-wave vendor's "primary treating physician's progress report addendum" that was signed off by the physician on 1/20/14 stating that the patient has pain and impaired ADLs and requests the H-wave unit for 3-months. There is also the physician's 1/27/14 medical report that states the patient pain has increased to the point she was considering going to the ER. The pain was now rated as 8-9/10 and only decreasing to 6/10 with medications. There was no mention of efficacy of the H-wave on the 1/20/14 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home h wave device x 3 month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, H Wave Stimulation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, under H-wave Page(s): 114-121.

**Decision rationale:** The patient is a 50 year-old female who injured her neck on 12/19/12. She has radiating symptoms and was scheduled for a cervical epidural injection. In the meantime, she has been managing the pain with medications and received an H-wave unit. The pain levels on 12/19/12 were listed as 8/10 without medications and 4/10 with medications. The next follow-up report is dated 1/27/14 and the physician notes increased pain levels 8-9/10 and only dropping to 6/10 with medications. There was no discussion of efficacy of the H-wave unit during the trial timeframe from 12/19/12 to 1/27/14, but there does not appear to be a decrease in pain, nor improvement in function or quality of life or reduction in medications. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, page 114-121, under H-wave states "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998) 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)." The patient has tried the H-wave from 12/19/13 to 1/27/14, without functional improvement. MTUS does not recommend continued treatment without documented functional improvement. The request for a Home H-wave device x3 month rental is not medically necessary.