

<b>Case Number:</b>	CM14-0195740		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/18/1996
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 70 year old male with the injury date of 07/18/96. Per treating physician's report 10/20/14, the patient has neck pain. The treater requests 30 day trial of the H-Wave homecare system to evaluate effectiveness. The treater also mentions that "after a 30 day trial, if the patient obtains relief and/or shows functional improvement, this prescription allows continued and ongoing home use as instructed." The diagnosis is Cervicalgia. Per progress report 09/10/14, the patient has the same pain in his neck. H-wave Evaluation which appears to be generated by a H-wave consultant states that the patient has tried H-Wave for his back pain for 19 days and the patient has tried physical therapy, medications, Electrical stimulation and Chiropractic care. Per progress report 08/12/14, the patient is s/p cervical radiofrequency ablation on both the sides. "The patient has improved by 70%." The patient is now able to extend his neck with less pain and no trigger of a headache. The patient complains of persistent pain in his bilateral upper extremities with numbing or tingling sensations. The patient presents palpation and spasms over paravertebral muscles. The patient has had physical therapy for his lower back in the past. The utilization review determination being challenged is dated on 10/29/14. Treatment reports were provided from 03/17/14 to 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave unit for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The patient presents with pain and weakness in his neck and upper extremities. The request is for Home H-WAVE UNIT PURCHASE. MTUS guidelines do not recommend H-Wave stimulation unless it is for a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation to be used as an adjunct to a program of evidence-based functional restoration, or failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. MTUS guidelines recommend H-Wave after one-month trial demonstrates effectiveness and the patient must have failed TENS unit. In this case, review of the reports indicates that the patient has had physical therapy. None of the reports provide treatment history to understand whether or not a TENS unit has been adequately tried. Per the utilization review letter 10/29/14, the report 10/04/14 (absent in this file), suggests that the patient had 50% pain reduction from H-wave trial. This information is not verified on the treater's progress reports. There is also no documentation of medication reduction. The request IS NOT medically necessary.