

<b>Case Number:</b>	CM14-0195799		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/22/2014
<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 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 56-year-old male with date of injury of 12/05/2013. The listed diagnoses from 09/26/2014 are: 1. Cervical spine strain. 2. Thoracic spine strain. 3. Lumbar spine strain. 4. Right shoulder strain. According to this handwritten report, the patient complains of neck, upper back, lower back, and right shoulder/arm pain. He reports itching in the right and left arms which, he thinks, is due to the heat. The exam of the skin of the forearms and back shows no rash. The rest of the examination is difficult to decipher. Treatment reports from 07/29/2014 to 09/26/2014 were provided for review. The utilization review denied the request on 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave Unit, Purchase:** Overturned

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

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

**Decision rationale:** This patient presents with neck, upper back, and lower back, right shoulder/arm pain. The treater is requesting a Home H-wave Unit purchase. The MTUS

Guidelines pages 117 to 118 support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The report from 09/24/2014 notes that the patient has utilized a home H-wave unit from 08/22/2014 to 09/16/2014. This report appears to be a standard form noting the duration of the use of the H-wave unit and what outcomes were generated with its use. In this form, the treater states, "The patient has reported a decrease in the need for oral medication due to the use of H-wave device. The patient has reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The patient has reported, after use of the H-wave device, a 50% reduction in pain." A direct statement from the patient was also quoted, "walked farther, lift more, sit longer, sleep better, stand longer, more family interaction." The patient utilized the home H-wave unit 2 times per day, 7 days per week for 30 to 45-minute sessions. In this case, given adequate documentation of how the H-wave unit was used and reports of functional benefit, the request IS medically necessary.