

Case Number:	CM14-0209616		
Date Assigned:	12/22/2014	Date of Injury:	08/27/2012
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 43 year old female with a date of work injury 8/27/12. The diagnoses include cervicalgia and pain in the limb. Under consideration is a request for purchase of a home H wave device. There is an 11/24/14 primary treating physician progress report that states that the patient return regarding re evaluation of her neck, right periscapular and right arm pain. The pain is gradually getting worse. She feels that the cervical epidural steroid on 8/5/14 is wearing off. She is noticing more sharp pain to her neck and shoulder. She would like to repeat the injection. She had 50% pain relief for 3 months. She is working full duty despite pain. She received an H wave machine and has been using it every night for 45 minutes to an hour. It has been very helpful. H wave helps with muscle tightness and stiffness she has at the end of the day from working. No trigger point injections are needed today. She was given a trial of Horizant because Lyrica made her sleepy. She notes that Lyrica is more effective in relieving the burning pain in her right arm and she wants to go back on Lyrica. She takes her medications and tolerates them well. She is taking tizanidine, Lyrica, Voltaren gel. The pain is aching and burning in the neck, right periscapular region and right arm. She has occasional stabbing in the left hand. The pain is worse with repetitive right arm use, laying on her right side, and range of motion of the neck. The pain is better with heat/ice, PT, injections. She rates her pain as 7-8 on a VAS. On exam she has 5/5 bilateral upper extremity strength. She has decreased sensation in the C6 hand distribution and ulnar aspect of the right forearm. There is tenderness in the right paraspinal muscles, periscapular region and traps. There is increased pain at flexion and rotation to the right. A 12/17/13 podiatrist report states that the patient developed left foot sural traumatic neuropathy

and has complex regional pain syndrome. The H wave has improved the symptoms in regards to swelling from surgery and complex regional pain syndrome. The patient has had a trial of Tens and the H wave. A 1/8/14 patient compliance and outcome report indicates the patient is using the H wave for the left leg below the knee for 16 days. The patient has helped more than prior treatments including physical therapy, medications, injections. The patient is taking medications but the H wave has not allowed her to decrease medications. The H wave allows her to walk farther, stand longer, bend better. The H wave gives 30% decrease in pain. The document states before the H wave the pain level was a 7. The H wave document states that TENS was more aggravating than relief. The 3/27/14 document states that a prescription was given for Gralise and Baclofen was dispensed. She has been using Tizanidine the past few weeks but it has not been effective. She has been using H wave for her leg for a different claim so it will be determined if she can use the H wave for her shoulder as well. There is a 4/24/14 patient compliance and outcome report stating that the patient is using the H wave for the ankle and foot. The H wave is noted to have helped the same as prior treatment. The other prior treatments were Physical therapy and injections. The patient is not noted to take medications. The H wave allows her to do more housework, sit and stand longer and sleep better. The pain levels prior to the H wave are 8.5 and H wave gives 50% improvement. There is a 4/28/14 primary treating physician progress report that states that the patient has worsening pain. She did get instructions on how to use the H wave for the neck so is doing that. She is on tizanidine through another claim and will stick with that. She was given Voltaren gel through her other claim and likes that. She uses Lidoderm patches. Gralise helps significantly but was denied. The pain is rated as an 8-9/10. Her current meds are Gralise; Lidoderm patches, Tizanidine; Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home h-wave device: Upheld

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

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

Decision rationale: Purchase of home H-wave device is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. Since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. The MTUS states that a randomized controlled trial comparing analgesic effects of H-Wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The MTUS states that a one-month H wave treatment trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation is conflicting regarding the outcome of patient's

prior H wave use. 4/24/14 patient compliance and outcome report stating that the patient is using the H wave for the ankle and foot. The H wave is noted to have helped the same as prior treatment including Physical therapy and injections. The patient is not noted to take medications on this report however her primary treating physician documentation prior to and after this visit indicate that the patient was taking medication. The 1/8/14 document states that the patient has not been able to decrease medications on the H wave. Furthermore, the documentation states that the patient finds that the H wave helps with muscle tightness and stiffness she has at the end of the day from working and has allowed her to require less trigger point injections. The documentation indicates that the patient's pain level was a 7 in Jan. 2014 but 3 months after using the H wave regularly her pain levels have increased. Due to the conflicting documentation, lack of support of significant pain relief from using the H wave, lack of support of requiring decreased pain medications while using the H wave and due to the fact that the MTUS does not support the H wave for muscle relaxation the request for an H wave purchase is not medically necessary.