

<b>Case Number:</b>	CM14-0066168		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 58 year old male, who sustained an industrial injury on 01/25/2013. He has reported subsequent back, neck, rib and wrist pain and was diagnosed with thoracic and right wrist sprain, rib and neck pain. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 04/07/2014, the injured worker complained of 8-9/10 rib pain. Objective physical examination findings were notable for neck pain with Spurling's sign, tenderness of the cervical paraspinals, reduced cervical range of motion and tenderness to palpation of the left 7-9 ribs. The physician noted that the injured worker would benefit from an H wave trial to help thoracic back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 H-wave trial/30-day rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS)H-wave Page(s): 113-117.

**Decision rationale:** Based on the 04/07/14 progress report provided by treating physician, the patient presents with pain to neck, thoracic back, rib and right wrist. The request is for H-WAVE TRIAL/ 30 DAY RENTAL. Patient's diagnosis per Request for Authorization form dated 04/15/14 includes neck pain. Treatment to date has included oral pain medication, physical therapy and a home exercise program. The patient is temporarily totally disabled. Per MTUS Guidelines, pages 113 - 116, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "The one-month HWT 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." Per progress report dated 04/07/14, treater has quoted the MTUS section on H-wave, but did not provide discussion nor reason for the request. Per treater report dated 04/07/14, the patient "is making progress in physical therapy," which indicates the use of H-wave is not intended as an isolated intervention. However, treater has not documented neuropathic pain for which the H-wave unit would be indicated, nor discussed what part of the body would be treated. Furthermore, MTUS requires documentation of failed trial of TENS, which has not been documented. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.