

<b>Case Number:</b>	CM14-0092225		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 46-year-old female who reported an injury on 02/24/2011. The mechanism of injury was not stated. The current diagnosis is neck pain. The only clinical documentation submitted for this review is a Patient History Form submitted on 07/02/2013. It was noted that the injured worker has previously utilized a TENS unit. The injured worker could not recall if the TENS therapy provided an improvement in symptoms. A Patient Compliance and Outcome Report was then submitted on 06/18/2014, following 351 days of H-wave stimulation. The injured worker reported an improvement in symptoms with a decrease in medication usage. Previous conservative treatment listed on that date included TENS therapy, physical therapy, and medication. The injured worker reported 8/10 pain with a 50% improvement in symptoms. There was no Primary Treating Physician's Progress Report or DWC Form RFA submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave 3 month rental/neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, the injured worker has been previously treated with physical therapy, medication, and TENS therapy. However, there was no physician progress report submitted for this review. There is no documentation of this injured worker's active participation in a functional restoration program to be used in conjunction with the H-wave stimulation. Based on the clinical information received, the request is not medically necessary.