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| <b>Case Number:</b>   | CM15-0104859 |                              |            |
| <b>Date Assigned:</b> | 06/09/2015   | <b>Date of Injury:</b>       | 02/26/2014 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 41 year old female, who sustained an industrial injury on 02/26/2014. She reported pain in her neck, left thumb and back. She was diagnosed with left thumb sprain and neck and upper back sprain. Following an MRI, she was also diagnosed with two herniated cervical discs. Treatment to date has included x-rays, medications, physical therapy, TENS unit and chiropractic care. According to a progress report dated 04/27/2015, chief complaints included neck pain, upper back pain with left upper extremity numbness and tingling. She reported pinching discomfort in the left side of the neck radiating down her left shoulder into her deltoid. She also complained of some upper back pain, burning sensation. She was still in physical therapy and additional sessions were authorized. Her medication regimen included Norco, Flexeril and Lidopro ointment. Diagnoses included neck pain, upper back pain and stiffness with some left upper extremity radicular symptoms but without evidence of neural compression on the left. She was not considered a candidate for cervical spine surgery. Conservative treatment was recommended. According to an authorization request dated 05/04/2015, the injured worker had been prescribed a free 30 day trial with an H-Wave unit after first failing conservative treatment options including physical therapy, medications and a standard TENS unit. During the trial, the injured worker reported the ability to decrease the need for medication, Norco, while increasing function in daily living. Examples of improvements included the ability to sleep better. Each treatment decreased pain by 50 percent. Currently under review is the request for Home H-Wave device purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device, purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS section on H-wave therapy states: Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient does have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration. Therefore, the request is medically necessary.