

<b>Case Number:</b>	CM15-0109385		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 49 year old male, who sustained an industrial injury on July 19, 2012. He reported having a heavy box fall and hit him in the back of the head. The injured worker was diagnosed as having myalgia/myositis, muscle spasm, concussion with brief coma, headache, cervical left upper extremity radiculopathy with new findings of possible C5-C6 instability, post-concussion syndrome, closed head injury with concussion. Treatment to date has included MRI, x-rays, epidural steroid injections (ESIs), facet joint injections, physical therapy, and medication. The most recent Primary Treating Physician's report submitted for review, dated July 31, 2013, noted the injured worker was reported to have no change since the previous visit. The injured worker was noted to have severe vertigo and blurry vision with moderate palpated pressure at the level of C4-C6, resolved when released. An x-ray of the cervical spine was noted to show a subluxation of C5 on C6 (retrolisthesis of 3mm) that corrected in flexion, which may represent an unstable vertebral segment that when pressed may have been causing some spinal cord compression or vertebra-basilar insufficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) - H-wave Multifunctional Stimulator for Cervical Spine, (retrospective DOS 12/10/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is 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 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more housework, etc). The treating physician does not actually confirm whether functional improve has improved, objective findings have improved, or if there was decrease in medication usage. Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request is not medically necessary.