MAXIMUS Federal Services

| Case Number: | CM15-0137096 | | |
|---|---|---|---|
| Date Assigned: | 07/27/2015 | Date of Injury: | 12/12/2000 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

## 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: Arizona, California
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 54 year old male who sustained an industrial injury on December 12, 2000. He has reported neck pain and has been diagnosed with disc disorder cervical, cervical facet syndrome, spasm of muscle, and post cervical laminectomy syndrome. Treatment has included medications. Range of motion was restricted to the cervical spine. On examination of paravertebral muscles, hypertonicty, spasms, and tenderness was noted on both the sides. Tenderness was noted at the paracervical muscles and trapezius. Cervical facet loading was positive on the left side. On examination of the thoracic spine, spasm, tenderness, and tight muscle band was noted on both the sides. The treatment request included one month of supplies and a H-wave unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HWT Page(s): 116-117.

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

**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the diagnoses or interventions noted above. There was no mention of prior TENS use or its effect. Long-term use of an H-wave is not recommended. Therefore, the request for purchase of an H-wave unit is not medically necessary.

**One month of supplies ( 6 pairs of electrodes and one bottle of conductive gel):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HWT Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 115.

**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the diagnoses or interventions noted above. There was no mention of prior TENS use or its effect. Long-term use of an H-wave is not recommended. Therefore, the request for purchase of an H-wave unit is not medically necessary and therefore the electrode supplies are not necessary.