

<b>Case Number:</b>	CM15-0169233		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Iowa

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 42 year old male, who sustained an industrial injury on 11-6-2013. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having intervertebral disc disorder-cervical 5-6 disc herniation with significant bilateral foraminal stenosis. A recent progress report dated 5-29-2015, reported the injured worker complained of neck pain rated 9-10 out of 10 and mid back pain rated 7-8 out of 10. The injured worker also reported difficulty getting in and out of cars and chairs, lifting, bending and twisting. A progress note dated 7-28-2015, addressed the H wave unit. The injured worker trialed an H wave device from 4-24-2015 to 7-6-2015 and reported decreased need for oral medications and increased ability to function. Physical examination was nonspecific to the complaints. Radiology studies were not provided. Treatment to date has included surgery, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. The injured worker is not currently working. Medications include Tramadol, Naproxen and Cyclobenzaprine, On 7-28-2015, the Request for Authorization requested Home H Wave device (purchase) for the cervical spine. On 8-5-2015, the Utilization Review non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Home H Wave device (purchase) for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation (HWT).

**Decision rationale:** According to MTUS Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention. Guidelines state that a one-month home-based trial of HWT 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 trial should be documented with frequency of use, as well as outcomes in terms of pain relief and function. There is no evidence that HWT is more effective as an initial treatment compared to TENS. The medical documentation does not indicate any evidence of diabetic neuropathic pain or chronic soft tissue inflammation. The treating physician states the patient has not responded to conservative therapies, but the patient does continue to be on medication therapy. There is no evidence that an evidence-based functional restoration program is being recommended as an adjunct to the HWT. The documentation states that the patient has had decreased medication use and improved activity (sleep and family interaction), but there is no quantifiable or objective detail provided. Therefore, the request for H-Wave Unit Purchase, is not medically necessary.