

<b>Case Number:</b>	CM15-0187150		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 31 year old female, who sustained an industrial injury on 7-24-2014. The injured worker was being treated for cervical acceleration-deceleration syndrome (CADS), lumbar sprain and strain, and cervicothoracic subluxation. On 8-14-2015, the treating physician noted the injured worker had shown objective functional improvement with the initial 3 sessions of a work conditioning-strengthening program. The physical exam (8-14-2015) revealed pain at C3-C6 (cervical 3-cervical 6), positive SD, positive FC, increased lumbar range of motion, increased leg strength, and decreased spasms of the low back. Per the treating physician (5-28-2015 report), an MRI of the cervical spine revealed mild multilevel degenerative changes without significant spinal canal or foraminal narrowing. Treatment has included physical therapy, chiropractic therapy, a work conditioning program, a transcutaneous electrical nerve stimulation (TENS) unit, work restrictions, trigger point injections, and medications including topical pain and non-steroidal anti-inflammatory. Per the treating physician (8-17-2015 report), the injured worker used a home H-wave unit from 7-17-2015 to 8-5-2015. The injured worker reported on an H-wave survey she was able to "walk farther, more housework, sit longer, stand longer" due to the H-wave. Per the treating physician (8-14-2015 report), the injured worker is temporarily totally disabled. On 8-17-2015, the requested treatments included a home H-wave device. On 9-1-2015, the original utilization review non-certified a request for a home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device for (purchase):** 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): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one month trial of H wave therapy with objective significant improvements in pain and function. Therefore criteria for a home unit purchase have not been met and the request is not medically necessary.