

<b>Case Number:</b>	CM15-0197375		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 58 year old female who sustained an industrial injury on 06-09-2014. According to a progress report dated 07-20-2015, the injured worker was currently doing physical therapy and noted that she had decreased neck pain. She was currently being prescribed Tylenol and tramadol with relief that allowed her to participate in her physical activities of daily living and taking care of herself. She had failed a trial of TENS that was used daily for one month for treatment of neuropathic pain. She had received very limited chiropractic care and had improved cervical range of motion, decreased pain, and increased ability to tolerate driving, sleeping, and physical activities of daily living with treatments. Neck pain occurred on a frequent to constant basis and was rated 6-7 on a scale of 1-10. Right arm pain occurred on a constant basis and affected her ability to lift, reach, push, and pull. Pain was rated 5-8 and affected her ability to do most activities. She also reported thoracic spine pain that was rated 4. Headaches occurred intermittently and were worse when her neck pain flared up. Assessment included cervical intervertebral disc syndrome, brachial neuritis, cervical and thoracic sprain strain, cervical and thoracic segmental dysfunction, and myofascial pain syndrome. The injured worker was temporarily totally disabled. The treatment plan included referral for a consultation to an orthopedic surgeon to evaluate carpal tunnel syndrome, consultation to pain management, one-month rental trial of an H-Wave unit due to soft tissue inflammation, and chiropractic treatments. The provider noted that the injured worker was currently prescribed a program of evidenced based functional restoration and required H-Wave to help decrease inflammation and pain and as she performed her exercise on a daily basis. According to a report dated 09-21-2015, the injured worker utilized a Home H-Wave from 08-19-2015 to 09-10-2015 with a report

of reduction in pain of 60%. An authorization request dated 09-21-2015 was submitted for review. The requested services included Home H-Wave device purchase. On 10-05-2015, Utilization Review non-certified the request for home H-Wave device for 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 for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter H-wave stimulation (HWT).

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

**Decision rationale:** Per the cited CA MTUS and ODG, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. However, the HWT should be used as an adjunct to a program of evidence-based functional restoration, and only following failure of conservative care to include recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Following the one-month trial, if there is evidence of reduced pain and increased functional improvement, or medication reduction, HWT may be continued with periodic reassessment. According to treating physician notes through 09-21-2015, the injured worker has had chronic cervical symptoms that have failed management with tramadol, nortriptyline, 18 plus physical medicine visits, and 1 plus months TENS trial in 2014/2015. The H-wave evaluation on 09-10-2015, demonstrated a reduction in pain scales scores from 7/10 to 3-4/10, while the injured worker stated she had increased range of motion and ability to function. Although HWT may be a viable option for treatment of this injured worker's diagnoses, the provided notes did not demonstrate objective functional improvement or reduction in medication usage following HWT. Therefore, the request for home H-Wave device for purchase is not medically necessary and appropriate based on the current documentation provided.