

<b>Case Number:</b>	CM15-0027997		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old male, who sustained an industrial injury on November 23, 2004. The diagnoses have included cervicgia, thoracic and lumbar neuritis or radiculitis, pain in joints, myalgia, and myositis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, neck pain and cervical degenerative disc disease. Treatment to date has included TENS unit, physical therapy and medication. Currently, the injured worker complains of pain in the left shoulder. The pain is described as burning and stabbing pain and he exhibited a decreased range of motion. Associated symptoms included neck pain. On examination, the injured worker had an antalgic gait and used a cane for assistance. He had 5/5 muscle strength in the lower extremities and tenderness noted over the lumbar paraspinals. He had a positive straight leg raise bilaterally. On January 21, 2015 Utilization Review non-certified a request for H-wave Device (30 day Rental), noting that the H-Wave trial is beneficial in conjunction with a functional restoration program and the injured worker expressed interest in returning to physical therapy. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of H-wave Device (30 day Rental).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device (30 day Rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled study supporting its use in radicular pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of failure of first line therapy and conservative therapies including physical therapy. There is no documentation that H therapy will be used in combination with other therapies modalities. There is no documentation that the patient was suffering from a neuropathic pain. Therefore an H wave Device (30 day Rental) is not medically necessary.