

<b>Case Number:</b>	CM15-0040077		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male, who sustained an industrial injury on April 3, 2014. He reported injury of the upper back, right shoulder and right wrist. The injured worker was diagnosed as having lumbar sprain, and lumbar neuritis and sacroiliitis. Treatment to date has included medications, transcutaneous electrical nerve stimulation, magnetic resonance imaging, and injections. On May 15, 2014, a magnetic resonance imaging of the cervical spine revealed multiple level discs spurs without stenosis. On January 7, 2015, he complains of severe neck pain with radiation into the arms down to the right hand, and associated weakness, numbness and tingling. He also reports headaches with blurry vision. He rates his pain as 8/10 on a pain scale with occasional flares as 9/10. He is noted to have limited cervical spine range of motion, and weakness in both arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave Unit with Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave  
Page(s): 117-118.

**Decision rationale:** The patient presents with severe neck pain radiating to the upper extremities with weakness, numbness, and tingling. The physician is requesting H WAVE UNIT WITH THE SUPPLIES. The RFA from 01/27/2015 shows a request for H wave unit with supplies. The patient's date of injury is from 04/03/2014 and he is currently off work. The MTUS Guidelines pages 117 to 118 support a 1-month home-based trial of H-wave treatments as a non-invasive conservative option for diabetic neuropathy or chronic soft tissue inflammation. If used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The records do not show any previous H Wave trial. None of the reports from 10/01/2014 to 01/07/2015 discusses H Wave unit use. The 01/07/2015 report shows weakness in both arms with decreased grip strength. The patient also complains of severe headaches with blurred vision, which are severe in nature. The report making the request was not made available. In this case, it does not appear that the patient has failed a TENS unit or has trialed an H Wave device. The MTUS Guidelines require a trial of the H Wave unit first before its purchase. The request IS NOT medically necessary.