

<b>Case Number:</b>	CM15-0043628		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 53 year old female, who sustained an industrial injury on 6/26/2014. The mechanism of injury and initial complaints was not provided for review. Diagnoses include neck sprain and lumbar sprain. Treatments to date were not provided for review. A progress note from the treating provider dated 2/5/2015 indicates the injured worker reported continued neck pain and lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device purchase for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 114-121.

**Decision rationale:** The patient presents on 02/05/15 with unspecified complaints of pain. The patient's date of injury is 06/26/14. Patient has no documented surgical history directed at this complaint. The request is for HOME H-WAVE DEVICE PURCHASE FOR THE CERVICAL

SPINE. The RFA is dated 02/05/15. Progress note dated 02/05/15 does not include any physical findings, only a discussion of H-wave trial from 08/29/14 to 09/18/14. It appears that this PR-2 is exclusively for the treater to document H-wave trial efficacy, as there are no complaints or physical findings. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg 114-121, under H-wave states: "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; 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." Concerning the purchase of a home-use H-wave for this patient's cervical spine complaint, the request appears reasonable. Progress note dated 02/05/15 states the following regarding trial period from 08/29/14 to 09/18/14: "Patient has reported a decrease in the need for oral medications due to the use of the H-wave device. Patient has reported the ability to perform more activities and greater overall function due to the use of the H-wave device. Patient has reported after use that the H-wave device results in a 50 percent reduction in pain; it allows her to lift more." Regardless of the lack of pertinent physical findings or chief complaints, it appears that this patient has undergone a successful trial of the requested device with specific pain relief and functional improvements. The purchase of one for use in the home is therefore appropriate. The request IS medically necessary.