

<b>Case Number:</b>	CM15-0048428		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 56 year old male, who sustained an industrial injury, December 11, 2012. The injured worker previously received the following treatments lumbar spine MRI, cervical spine MRI, laboratory studies, TENS (transcutaneous electrical nerve stimulator) unit for the lower back, Tramadol, Terocin Patches, bilateral shoulder x-rays, lumbar spine x-rays, right wrist x-rays and right ankle x-rays. The injured worker was diagnosed with C5-C6 disc degeneration with anterior osteophytes C4, C5, C6 AC joint degenerative joint disease with type II acromion of the bilateral shoulders, mild right degenerative joint disease, L5-S1 moderately severe disc degeneration and mild right ankle degenerative joint disease. According to progress note of January 30, 2015, the injured workers chief complaint was lower back and neck pain. The injured worker rated the pain at 7 out of 10 with pain medication and 10 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the lumbar spine, bilateral shoulders and cervical neck. There was tenderness over the supraspinatus musculature of the bilateral trapezius, paravertebral muscles bilaterally and there was positive impingement syndrome. The treatment plan included H-wave home unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave home unit, trial Qty: 1.00:** 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 stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The injured worker sustained a work related injury on December 11, 2012. The medical records provided indicate the diagnosis of C5-C6 disc degeneration with anterior osteophytes C4, C5, C6 AC joint degenerative joint disease with type II acromion of the bilateral shoulders, mild right degenerative joint disease, L5-S1 moderately severe disc degeneration and mild right ankle degenerative joint disease. Treatments have included physical therapy/Chiropractic care, TENS (transcutaneous electrical nerve stimulator) unit for the lower back, Tramadol, Terocin Patches, The medical records provided for review do indicate a medical necessity for H-Wave home unit, trial Qty: 1.00. The MTUS does not recommend H-wave as an isolated intervention, but a one-month home-based trial of HWave 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 (TENS).The records indicate failure of conservative treatment including TENs unit; the reuquest for H-wave therapy was made concurrently with a request for chiropractic care, therefore, not as an isolated treatment.