

<b>Case Number:</b>	CM15-0049955		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

Certification(s)/Specialty: 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 63-year-old female, with a reported date of injury of 08/09/2011. The diagnoses include cervicobrachial syndrome, rotator cuff syndrome and bursitis, neck sprain/strain, cervical radiculopathy, cervical myelopathy, cervical herniated disc and severe central stenosis. Treatments to date have included oral medications, topical pain medication, and an MRI of the cervical spine. The visit note dated 02/09/2015 indicates that the injured worker had ongoing pain in the neck and right shoulder. She rated her pain 5 out of 10. The objective findings include mild distress; trigger points palpated in the upper trapezius, lower trapezius; decreased cervical lordosis; painful, limited range of motion of the cervical spine; and intact sensation on intact to light touch in the bilateral C6-8 dermatomes. The treating physician requested the purchase of an H-wave multi-functional stimulator with conductive gel and three packets of electrodes (date of service: 02/19/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for h-wave multi-functional stimulator with conductive gel & 3 packets of electrodes for purchase (DOS: 2/19/15), cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one-month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, there was sufficient evidence from the progress notes submitted for review to suggest the home use of the H-wave device was helpful at reducing the worker's pain by 40-50% and increasing her overall function (better sleep, increased ability to use of hands, etc.). The request for purchase of an H-wave device with associated supplies is medically necessary.