

<b>Case Number:</b>	CM15-0088059		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	02/12/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 with an industrial injury dated 2/12/2012. The injured worker's diagnoses include other chronic pain myofascial pain with trigger points, Schmorls nodes and degenerative cervical intervertebral disc. Treatment consisted of prescribed medications, trigger point injections and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker reported cervical pain. Objective findings revealed moderate and severe tenderness over the right occipital groove, moderate tenderness over the right scapular area, moderately restricted movement in all directions with pain and cervicobrachial: right upper trapezius muscle spasms. The treating physician prescribed services for purchase of H-Wave/E-Stim unit for the lumbar and/or sacral vertebrae now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave/E-Stim Unit for the lumbar and/or sacral vertebrae:** Upheld

**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, pages 115-118.

**Decision rationale:** Per guidelines, H-wave is 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 (TENS) which have not been demonstrated. There are no limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach without concurrent functional restoration treatment plan. Submitted reports have not demonstrated having met these criteria or identified any extenuating circumstances outside guidelines criteria. The Purchase of H-Wave/E-Stim Unit for the lumbar and/or sacral vertebrae is not medically necessary and appropriate.