

<b>Case Number:</b>	CM14-0135986		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29 yr. old female claimant sustained a work injury on 8/23/09 involving the neck and low back due to a fall. She was diagnosed with cervical spasms, lumbago, sciatica and cervicogenic headaches. She had undergone a home exercise program to improve pain and function. A progress note on 6/26/14 indicated the claimant had 6/10 neck pain and 7/10 back pain. She had completed 3 out of 12 physical therapy sessions. Exam findings were notable for stiffness in the neck and low back. Lumbar, cervical and neurological findings were unremarkable. A prior EMG/NCV and MRI were unremarkable. The treating physician requested an H-wave machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Machine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): pg 116.

**Decision rationale:** According to the MTUS 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). In this case, the claimant had not completed physical therapy or trial of a TENS unit. The exam findings were also not indicative of a need for an H-wave. Therefore, the request for H-wave machine is not medically necessary.