

<b>Case Number:</b>	CM14-0148898		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 55-year-old female who has submitted a claim for status post C4-C5 disc replacement, C5-6 re-do fusion, and C7-T1 fusion with good progress, improving neck and arm pain postoperatively and mid back pain associated with an industrial injury date of September 27, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of residual pain in the neck, arm, in between the shoulder blades and hands and mid back. Examination of the cervical spine revealed tenderness at the incisional area, decreased muscle spasm, limited ROM, and normal neurologic examination of the upper extremities. Treatment to date has included surgery and an exhaustive conservative care including physical therapy, medication and activity modification. She had a trial of TENS x 3 days that did not help with symptoms. The patient also had completed an H-wave trial with reported increased activity and overall function, 50% reduction in pain, less pain when driving and a decrease in the need for oral medication. The patient was utilizing the H-wave device at home 2x/day x 7days/week. Utilization review from August 13, 2014 denied the request for DME: Home H wave device because of there were no specific decrease in medications and no measurable functional improvement to verify the sustained benefits from H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device:** 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 H-Wave Stimulation Page(s): 117-118.

**Decision rationale:** According to pages 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). Trial periods of more than one month should be justified by documentation submitted for review. In this case, the patient had completed a one-month trial of H-wave. According to the patient compliance and outcome report, the H-wave device brought about increased activity and overall function, 50% reduction in pain, less pain when driving and a decrease in the need for oral medication. The patient may benefit from continued H-wave use. However, the request was incomplete. There was no mention whether the device is for rental or for purchase. Body part to be treated is also not specified. Therefore, the request for Home H wave device is not medically necessary.