

<b>Case Number:</b>	CM14-0096171		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 1, 2009. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery on December 20, 2013; unspecified amounts of physical therapy; multiple interventional spine procedures; and a bone stimulator. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for a 30-day H-Wave stimulation device trial, invoking non-MTUS Official Disability Guidelines in its denial, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a May 2, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the right arm. The applicant stated that her neck and arm pain had diminished following the earlier surgical procedure. The applicant stated that her pain was well controlled through usage of Norco and Cymbalta. The applicant was described as having cease smoking. The applicant had apparently been terminated from her former employment, it was stated. Limited cervical range of motion with 5/5 upper extremity strength was appreciated. Electrodiagnostic testing was apparently sought. An H-Wave device was also sought. The attending provider posited that the applicant had reportedly failed a TENS unit in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave 30 Day Trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition (web) 2011

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

**Decision rationale:** While page 117 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month home-based trial of an H-Wave stimulator device may be considered as a noninvasive conservative option for diabetic neuropathic pain and/or chronic soft tissue inflammation in applicants who have failed other recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS device, in this case, however, the attending provider has suggested that the applicant is in fact using and tolerating oral analgesic and adjuvant medications, including Norco and Cymbalta. The applicant's successful usage of Norco and Cymbalta, thus, effectively obviates the need for the H-Wave device at issue. Therefore, the request is not medically necessary.