

<b>Case Number:</b>	CM14-0214016		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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 & Rehabn

### 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 63 year old female with an injury date on 08/11/1998. Based on the 12/02/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervicalgia2. Cervical radic3. Right shoulder pain4. Bilateral knee pain5. Diffuse polyarthragia.According to this report, the patient complains of "neck pain with right arm and shoulder pain" with weakness. The patient also has "pain over the left hip bone harvest site." Physical exam reveals decreased cervical and right shoulder range of motion.Per treating physician, MRI of the cervical spine on 10/03/2014 shows "C4-5 interbody fusion, 5x1 mm linear focus of increased T2 and STIR intensity in the central spinal cord hydrosyringomyelia vs myelomalacia ;C5-6 disc osteophyte complex, mod central, prominent foraminal stenosis, DDD; C6-7 mild central, mod left foraminal stenosis." The treatment plan is to request for neurosurgical evaluation, acupuncture, and cont. H-wave. The patient's is "P&S and permanently and totally disabled." There were no other significant findings noted on this report. The utilization review denied the request for H-Wave device on 12/05/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/13/2014 to 12/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave units Page(s): 117, 118.

**Decision rationale:** According to the 12/02/2014 report, this patient presents with "neck pain with right arm and shoulder pain" with weakness. The current request is to "cont." H-Wave device. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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 (TENS). In reviewing the provided report, the treating physician states the patient "is using the H wave and states that it has helped her during this time when she has been denied all medications." In this case, the request is to continue the use of H-wave and there does not appear to be any reason to stop using the unit when the patient finds it helpful. The current request is medically necessary.