

<b>Case Number:</b>	CM14-0033425		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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:

Patient is a 37 year-old male with date of injury 08/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/03/2013, lists subjective complaints as pain in the neck. MRI of the cervical spine was positive for moderate degenerative disc disease with a minor disc protrusion at C5-6. Objective findings: Examination of the cervical spine revealed straightening of the cervical curvature. No evidence of parathesias in the upper extremities. Patient had right-sided neck pain. He had difficulty with left lateral gaze, as it hurt the right side of his neck. Deep tendon reflexes were intact in both upper extremities. Normal sensation to pinprick over both upper extremities. Tinel's and Phalen's sign were negative in both wrists. Adson's sign was negative over both upper extremities. Diagnosis: 1. Acute cervical strain. Patient has completed at least 62 sessions of physical therapy to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device, rental for 3 months:** 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 9792.20 - 9792.26 Page(s): 117-118.

**Decision rationale:** The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Home H-wave device, rental for 3 months is not medically necessary.