

<b>Case Number:</b>	CM15-0105838		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency Medicine

### 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 injured worker is a 38-year-old female, who sustained an industrial injury on 10/18/2009. The injured worker is currently diagnosed as having status post anterior cervical discectomy and fusion at C5-C6, cervical pseudoarthritis, left C6 and C7 radiculopathy confirmed by electromyography, C6-7 moderate left foraminal stenosis per MRI, depression, insomnia, gastroesophageal reflux disease, sleep disorder, and left carpal tunnel syndrome status post release. Treatment and diagnostics to date has included cervical spine computerized tomography scan, which showed anterior cervical fusion at C5-6 and C6-7 and moderate facet arthropathy at C7-T1, cervical spine surgery, and medications. In a progress note dated 12/01/2014, the injured worker presented with complaints of ongoing neck pain with complaints of numbness radiating down the left upper extremity. Objective findings include painful and limited cervical range of motion. According to the application, the treating physician reported requesting authorization for an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit x 21 day use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-Wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested H-wave unit x 21-day use, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that 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)." The injured worker has ongoing neck pain with complaints of numbness radiating down the left upper extremity. Objective findings include painful and limited cervical range of motion. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H-wave unit x 21-day use is not medically necessary.