

<b>Case Number:</b>	CM15-0013081		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on July 29, 2013. He has reported injury to the neck and low back due to cumulative trauma. The diagnoses have included cervical spasm, lumbar sprain, disc herniation lumbar spine and facet arthropathy. Treatment to date has included diagnostic studies, injections, physical therapy, H-Wave, TENS unit, chiropractic sessions and medication. Currently, the injured worker complains of constant moderate pain at the base of the neck radiating to the left shoulder. He also complained of constant slight to intermittent moderate and occasionally severe pain felt across the low back increasing with sitting, standing or walking for longer than ten minutes. On November 21, 2014, progress report notes stated that the injured worker was initiated on H-Wave home use on September 23, 2014. He reported approximately 20% pain relief and reduced medication intake following use of the device. On December 26, 2014, Utilization Review non-certified purchase of a Home H-Wave Device and System, noting the California MTUS Guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of purchases of Home H-Wave Device and System.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Purchase of Home H-Wave Device and System between 12/23/2014 and 2/6/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20.

**Decision rationale:** The applicant is a represented 37-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review Report dated December 26, 2014, the claims administrator denied a request for an H-wave device. The claims administrator noted that the applicant had received earlier treatment including manipulative therapy, epidural steroid injection therapy, and facet joint injections, both cervical and lumbar. The claims administrator referenced progress notes of December 22, 2014 and September 25, 2014 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated December 22, 2014, the medical-legal evaluator acknowledged that the applicant had not worked since January 2014. The applicant had apparently alleged multifocal pain complaints secondary to cumulative trauma at work, the medical-legal evaluator acknowledged. In an applicant questionnaire dated December 22, 2014, the applicant acknowledged that he was not working. In a November 21, 2014 progress note, the attending provider stated that the applicant had been using H-wave device beginning September 23, 2014. The attending provider posited that the H-wave device was beneficial in terms of reducing the applicant's pain complaints. The applicant medication list was not detailed. The applicant was reportedly using Norco for pain relief, it was acknowledged. The applicant was placed off of work, on total temporary disability. On October 28, 2014, the applicant was again described as off of work, on total temporary disability. The applicant was using Norco and Mobic as of this point in time. REFERRAL QUESTIONS: 1. No, the request for an H-wave device purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond one month should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both pain relief and function. Here, however, the applicant was/is off of work, on total temporary disability, despite previous introduction of the H-wave device on and around September 23, 2014. Ongoing usage of the H-wave device failed to curtail the applicant's dependence on analgesic medications such as Mobic and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite previous usage of the H-wave device. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 118, H-wave Stimulation topic.