

<b>Case Number:</b>	CM15-0121289		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female who reported an industrial injury on 2/2/2010. Her diagnoses, and/or impressions, are noted to include: post-cervical laminectomy syndrome; brachial neuritis/radiculitis; lumbago; cervicgia; and lesion of the median nerve. Recent magnetic imaging studies of the thoracic spine were noted on 7/31/2014, noted early degenerative disc disease. Her treatments have included the initiation of a home H-wave on 2/6/2015, surveyed on 5/26/2015 (days of use - 109) - which noted improvement; medication management with a medication contract and toxicology screenings; and rest from work. The progress notes of 1/26/2015 reported a follow-up visit to recheck back and left hand, and to refill prescriptions. She complained of continued, moderate pain in her neck which radiated to the upper extremities, and low back pain. Objective findings were noted to include noted that she was tearful, sad and with a flat affect; severe bilateral occiput tenderness with bilateral trapezius spasms and tenderness, and complete cervical process tenderness with ropey fibrotic banding in the para-spinal muscles; tenderness in the mid-thoracic spine; tenderness in the bilateral epicondyle and left forearm, with ulnar nerve paresthesias; and decreased sensation to the upper extremities, distal phalanges, palms, left forearm, hand and fingers. The physician's requests for treatments, on the Utilization Review of 6/1/2015, were noted to include the rental or purchase of a home H-wave device.

### 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 or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

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

**Decision rationale:** MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain only after failure of specific first-line treatment, including PT, medications, and TENS. This patient underwent a prior H-wave trial. It is not clear from the records that this patient had objective functional improvement or reduction in medication use subsequent to that H-wave trial. Thus overall the records and guidelines do not support a rationale to proceed to H wave purchase. This request is not medically necessary.