

<b>Case Number:</b>	CM15-0079364		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 10/23/2012. She has reported subsequent low back and neck pain and was diagnosed with lumbosacral sprain/strain and displacement of cervical disc. Treatment to date has included oral pain medication, TENS, physical therapy and lumbar epidural steroid injections. In a progress note dated 02/26/2015, the injured worker reported feeling very anxious. Degree of pain and location was not rated. Objective findings were notable for blunted affect. A request for authorization of H wave device for home use was submitted. There was no medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-wave Device for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; H-Wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave  
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**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the diagnoses or interventions noted above. Clinical information supporting extended use was not provided. There was mention in a request letter of functional improvement without specific details. Long-term/indefinite use is not justified. Frequency of use and length of future anticipated need was not mentioned. Therefore, the request for purchase of an H-wave unit is not medically necessary.