

<b>Case Number:</b>	CM14-0146637		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/12/1994
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation, 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:

The underlying date of injury in this case is 07/12/1994. The date of the utilization review under appeal is 08/13/2014. This patient's diagnoses include myofascial pain syndrome, chronic cervical sprain, cervical degenerative disc disease, chronic thoracic sprain, and bilateral patellofemoral syndrome. An initial physician review concluded that an H-wave purchase was not medically necessary because there was insufficient documentation of benefits of this device. The treating chiropractic physician wrote a detailed supplemental medical-legal report on 09/04/2014 appealing the prior utilization review decision and explaining a rationale for his prescription of an H-wave device. The treating physician notes that this patient began a 29-day H-wave trial on 06/11/2014. After 29 days the patient reported that H-wave was offering the most relief, compared to prior treatments, and that she was doing home exercises as she was previously taught. Her pain was decreased by 25%, and she was sleeping better. The treating physician notes that H-wave stimulation is justified since the patient responds well to it and the patient can control her pain better. The treating physician noted that prior conservative care included medication, physical therapy, and TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 124.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, page 117, states that a 1-month home-based trial of H-wave may be considered for chronic soft tissue inflammation as part of a program of evidence-based functional restoration after failure of initial conservative treatment. An initial physician review concluded that the patient did not have significant functional benefit from a trial of H-wave. The treating physician, however, reports that not only does the patient have reported subjective improvement from H-wave, but also the H-wave has allowed the patient to perform her independent home exercise program, which is a fundamental principle in the California Treatment Guidelines. Therefore, the guidelines have been met, in terms of failure of first-line treatment and documented functional benefit from an initial trial of H-wave. I recommend that this request be certified.