

<b>Case Number:</b>	CM13-0004747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, 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 physician 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.

### 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 claimant is a 33-year-old female with date of injury of 05/04/12. Clinical records for review indicate diagnosis of low back pain. Records since the date of injury are limited. There is documentation of use of an H-wave device with recent H-wave patient compliance report stating 110 days of use between 05/03/13 and 08/21/13 where the claimant only saw 40% reduction of pain. A previous report at 44 days of use between 05/03/13 and 06/16/13 showed only 30% improvement in pain complaints. Formal imaging or physical examinations are not documented. At present there is a request for purchase of the H-wave device for continued chronic use in this claimant's ongoing complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision of MTUS, Web Edition, pages 117-118

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

**Decision rationale:** Based on MTUS guidelines, H-wave device would not be indicated. It should not be recommended as an isolated intervention. While it does support the role of a one month trial, the report of 110 days of use by the claimant demonstrated only a 40% improvement

of her overall complaints with no documentation of advancement of work related functions, discontinuation of medications, or advancement of activities. The purchase of the device given the limited benefit as documented during the trial period would not be supported as medically necessary.