

<b>Case Number:</b>	CM13-0015110		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Occupational Medicine 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 patient is a 45-year-old female who was injured on 01/01/2010 due to a motor vehicle accident. She suffered injury to the neck and upper back. She is status-post anterior cervical discectomy with fusion C5-6. Prior treatment history has included medication, unknown, as well as home H-Wave unit. According to the UR notes, since 2009, claimant has undergone diagnostic and interventional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE 30 DAY HOME TRIAL:** Upheld

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

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

**Decision rationale:** Guideline criteria are not met for H-Wave Stimulation. The patient does not appear to have failed a trial of conservative care including TENS unit use according to the available records. Therefore, H-Wave 30 day home trial is non-certified.