

<b>Case Number:</b>	CM13-0057516		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopaedic Surgery, and is licensed to practice in Pennsylvania. 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 Claimant is a 28-year-old gentleman who was injured on 05/19/10. The clinical records provided for review documented a low back injury after a fall and that the claimant was initially treated for T11, T12, and S1 compression fractures. It is documented that since time of injury, the claimant has been treated conservatively with a TENS unit, medication management, physical therapy, activity restrictions, and recently an H wave device. There was no documentation of recent physical examination findings. The most clinical progress report for review was dated 01/27/12 at which time the claimant was diagnosed with a history of compression fractures with ongoing low back pain. It was noted that the claimant had recently joined a gym and was "quite satisfied" with no need for current ongoing treatment. At present, however, there is a request for durable medical equipment of an H wave device for this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUPPLIES FOR H-WAVE UNIT FOR DOS 9/21/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, durable medical equipment of an H wave device and supplies would not be indicated. At present, there is no current documentation of continued symptoms, physical examination findings, or recent conservative measures that would support the ongoing or chronic need of an H wave device. The Chronic Pain Guidelines do not support the device, itself, as an isolated intervention. Given the claimant's clinical history for review, the role of "supplies" to the abovementioned device at this stage in the clinical course of care would not be supported.