

<b>Case Number:</b>	CM13-0066132		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old male who reported injury on 10/14/2009. The mechanism of injury was not provided. The documentation of 10/07/2013 revealed the injured worker had pain complaints and exhibited impaired activities of daily living. The treatment plan included 3 months of the H-wave unit. The documentation of 11/08/2013 revealed the injured worker could walk farther, perform more house work, slept better and had more family interaction after 56 days of use. It was indicated the injured worker's pain was a 4 before the H-wave use. It was indicated the pain relief was 20%. The injured worker utilized the machine for 7 days a week for 1 treatment per day. The diagnosis was thoracic or lumbosacral neuritis or radiculitis unspecified. The treatment plan was 3 more months of rental for the H-Wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE (3 MONTHS ADDITIONAL):** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Trial periods of more than one month should be justified by documentation submitted for review. The clinical documentation submitted for review indicated the injured worker had a 20% decrease in pain. It was indicated he could now walk further, perform more house work, sleep better, and have more family interaction. However, there was a lack of documentation indicating a necessity for a trial of 3 more months. The request as submitted failed to indicate the body part to be treated with the H-wave. Given the above, the request for home H-wave device 3 months additional is not medically necessary.