

<b>Case Number:</b>	CM14-0007044		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year young male who has a work injury dated 3/1/11. The diagnoses include disc protrusion with radiculopathy, lumbar spine, cervical fusion C4-5 C4-C7 (DOS: 11/24/12) cervical and lumbar degenerative joint disease. Under consideration is a request for home H wave device (purchase). There is a progress dated 11/30/13 that states that the patient is one-year status-post anterior cervical fusion. He reports that he is making slow progress with regard to his neck. He states the TENS unit only gives him temporary relief, approximately half an hour. He will discontinue the use of the TENS unit and return it to the company, since it is not giving him enough improvement. X-rays were performed today. The implants are intact. The fusion appears healed and solid. The patient is scheduled to have a lumbar epidural injection to relieve his low back pain. He will follow-up in two weeks after the injection to assess his response. A lumbar corset will also be provided and he will wear this as needed. With regard to his neck, he will continue his current care regimen and avoid any activities that would aggravate his pain. He will follow up with us in six months, sooner if his symptoms worsen.

### 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):** Upheld

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

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

**Decision rationale:** Home H-wave Device (purchase) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The documentation states that the patient will discontinue the use of the TENS unit and return it to the company, since it is not giving him enough improvement. The request for H wave Device purchase is not medically necessary.