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| <b>Case Number:</b>   | CM14-0026678 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 09/09/2001 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 and is licensed to practice in New York and Texas. 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 60 year old male whose date of injury is 09/09/2001. On this date he was asleep in the back of a truck when the truck flipped. Treatment to date includes physical therapy, acupuncture, x-rays, MRI scans, shoulder and low back injections, back surgery in July 2004, hernia surgery times two in 2004, hip replacement in 2007, cervical epidural steroid injection on 08/26/13 and medication management. Note dated 01/17/14 indicates that the injured worker utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit in the past with good relief. Diagnoses are cervical radiculopathy, cervical disc bulges, lumbar radiculopathy, and lumbar post laminectomy syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) H-WAVE MACHINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the clinical information provided, the request for one H-wave machine is not recommended as medically necessary. California Medical Treatment Utilization

Schedule (MTUS) Guidelines support H-wave stimulation only after documented failure of other conservative treatment modalities including physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The submitted records indicate that the injured worker has previously utilized a TENS unit with good relief. Additionally, there are no specific, time-limited treatment goals provided as required by CA MTUS guidelines.