

Case Number:	CM14-0033439		
Date Assigned:	07/02/2014	Date of Injury:	01/03/2007
Decision Date:	08/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 injured worker is a 43-year-old who reported injury on 01/03/2007. The mechanism of injury was not provided. The diagnosis was chronic low back pain at L5-S1. The documentation indicated prior therapies included medication, physical therapy, a TENS unit, chiropractic care, acupuncture and surgery. The injured worker indicated she could sit a little more comfortably and a bit longer with use of an H-wave. The documentation of 02/07/2014 revealed the injured worker had utilized the unit for a total of 96 days. The injured worker could walk farther, sleep better and have more family interaction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H- wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); www.odg-twc.com; section: Pain (Chronic) (updated 1/7/2014); and ACOEM , [https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain); table 2, Summary of Recommendations, Chronic Pain.

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

Decision rationale: The California MTUS Guidelines do not recommend an H-wave stimulation as an isolated intervention. The clinical documentation submitted for review indicated the injured worker utilized the unit for 96 days. The documentation indicated the H-wave did not allow the injured worker to decrease or eliminate the amount of medication being taken. While it was documented the injured worker could walk farther, sleep better and have more family interaction. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain medications. There was a lack of documentation indicating the injured worker would utilize the unit as an adjunct to other therapies. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for home H-wave device is not medically necessary.