

<b>Case Number:</b>	CM14-0056331		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 53 year old male who reported an injury to his shoulders and low back. The injured worker was also identified as having cervical region complaints as well. The medical evaluation dated 02/21/14 indicates the injured worker complaining of worsening cervical and lumbar pain. Radiating pain was identified into the extremities from the cervical and lumbar spine. The note indicates the injured worker having no strength, reflex or sensation deficits. The clinical note dated 09/20/13 indicates the injured worker continuing with persistent neck and back pain with associated numbness and tingling in the upper extremities. The clinical note dated 01/17/14 indicates the injured worker continuing with neck and low back pain. The injured worker further reported ongoing numbness in the upper extremities, hands and fingers. The clinical note dated 04/11/14 indicates the injured worker having undergone a 28 day trial of an H-wave unit. The unit was provided in order to address the lower and upper back pain. The note indicates the injured worker was able to walk farther and sleep better with the use of the H-wave unit. The note also indicates the injured worker continuing the use of medications through the trial. However, the note indicates that there was no decrease or elimination of the amount of medications taken. The injured worker continued with 7/10 pain at that time. The injured worker was recommended for an at home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home H-wave device:** 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): 117-8.

**Decision rationale:** The request for an at home H-wave device is not medically necessary. The documentation indicates the injured worker complained of ongoing neck and low back pain. The ongoing use of an H-wave unit is indicated provided the injured worker meets specific criteria to include the completion of a one month trial of an H-wave unit resulting in positive outcome to include objective functional improvement with a reduction in pain medications. The clinical notes indicate the injured worker having undergone a 28 day trial of H-wave unit with an increase in the injured worker's sleep habits as well as an increase in endurance. However, the note indicates the injured worker showing no reduction in pain medications through the trial. Given this factor, the request is not indicated as medically necessary.