

<b>Case Number:</b>	CM14-0096354		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family 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 58 year old female whose date of injury is 11/03/2003. The injured worker was pulling files while at work. She also had a repetitive motion injury. Treatment to date includes electrodiagnostic studies, cervical epidural steroid injection on 08/10/12 and 02/24/14, and right carpal tunnel release on 03/16/13. Progress report dated 01/17/14 indicates that diagnoses are cervical radiculopathy; C4-5, C5-6 disc bulges with stenosis; chronic pain; and sleep disorder. Note dated 05/22/14 indicates that the injured worker was recommended to utilize a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Unit Page(s): 171-172.

**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 H-wave unit qty 1 is not recommended as medically necessary. The submitted records fail to establish that the injured worker has failed a trial of TENS or that the injured worker has undergone a successful

trial of H-wave to establish efficacy of treatment as required by CA MTUS guidelines. There are no specific, time-limited treatment goals provided as required by CA MTUS guidelines. Therefore, the medical necessity of the requested unit is not established.