

<b>Case Number:</b>	CM14-0205639		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, 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 patient is a 55 year old female with date of injury 9/4/12 . The treating physician report dated 11/5/14 is not included for review but was commented on in the UR report dated 12/4/14. The report indicated that the patient has continued pain with impaired ADLs. There was decreased medication usage with H-Wave usage. There was improved function with better ability to sleep and stand for longer. The treating physician recommended purchase of home H-Wave device and system to be used 2 x per day for 30-60 min. Prior treatment history includes physical therapy, medications and H-Wave usage 9/17/14 to 10/22/14. The current diagnosis is displacement of intervertebral disc without myelopathy. The utilization review report dated 12/4/14 (5) denied the request for H-Wave purchase based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home H-wave:** Overturned

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

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

**Decision rationale:** The patient presents with chronic lower back pain with radiculopathy. The current request is for purchase of home H-wave. The treating physician reports that the patient had functional improvement, decreased medication usage and decreased pain following a one month trial of H-Wave. The MTUS guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. MTUS goes on to state, "Trial periods of more than one month should be justified by documentation submitted for review." In this case the treating physician has submitted documentation of decreased medication usage and improved ability to sleep as a result of H-Wave usage. There is justification to continue the usage of H-Wave. Therefore, this request is not medically necessary.