

<b>Case Number:</b>	CM15-0191425		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/24/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old male, who sustained an industrial injury on 2-24-2015. Medical records indicate the worker is undergoing treatment for lumbago. A recent progress report dated 9-1-2015, reported the injured worker complained of pain. Physical examination was not provided on this visit. The documentations states the injured worker had a free 21 day home trial of an H wave device and reported a 80% reduction in pain with increased ability to walk, do housework, sit, sleep and stand. Treatment to date has included H wave trial, physical therapy and medication management. On 9-1-2015, the Request for Authorization requested a home H wave device purchase. On 9-21-2015, the Utilization Review noncertified the request for a home H wave device purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device - Purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** H-wave purchase is medically necessary. Per MTUS, H-wave "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain". The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case H-wave was recommended in combination with physical therapy for pain and the patient reported 80% reduction in pain and improvement in function; therefore, the requested service is medically necessary.