

<b>Case Number:</b>	CM15-0060501		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 33-year-old male, who sustained an industrial injury on 5/1/2010. He reported a fall from a ladder or roof (reports vary) down a 20-foot hill. The injured worker was diagnosed as having fractured pelvis, a concussion, left wrist surgery, mandibular fracture, chronic cervicgia, chronic back pain, sciatica, lumbar degenerative disc disease, right shoulder impingement, cervical and lumbar spondylosis and radiculopathy, depression, anxiety, dental issues and visual disturbance. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit and medication management. Currently, the injured worker complains of low back pain, sleep disturbance, anxiety, flashbacks and constipation. The treating physician is requesting an H wave unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 117-118.

**Decision rationale:** The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Not recommended as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Patient has exceeded the maximum allowable number of visits for physical therapy, aqua therapy, occupational therapy and acupuncture. He has also utilized a TENS unit and reported success with it. Purchase of H-Wave Unit is not medically necessary.