

<b>Case Number:</b>	CM15-0062671		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/17/1996
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 69-year-old female, who sustained an industrial injury on 1/17/96. Initial and current complaints were not noted in the documentation provided. Diagnoses were entered as ICD-9 codes. Those codes represent sprain of the neck, sprain of the lumbar spine, cervical radiculopathy, and lumbar radiculopathy. Treatment to date has included TENS (though length of trial use is not documented), physical therapy, other electrical stimulation, chiropractic treatment, acupuncture, and H-wave use. The treating physician requested authorization for a home H-wave device purchase. A physician's report noted the injured worker has reported a 90% reduction in pain and increased function due to H-wave usage. The treatment plan included the use of an H-wave unit 2 times per day for 30-60 minutes as needed. The goals of H-wave treatment were to reduce pain, reduce the need for oral medications, decrease or prevent muscle spasm and atrophy, improve functional capacity, and improve circulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 117-118.

**Decision rationale:** CA MTUS does not consider H wave therapy a first line treatment modality. A one month trial of therapy with a rental unit may be used as a non invasive conservative option for chronic pain of at least 3 months duration in which other modalities, including physical therapy, medication and a TENS unit, have failed. A clear plan of long and short term goals is necessary. There is no documentation of a home TENS unit trial, only a notation that the claimant tried a TENS unit. Without documentation of a full 30 day trial of TENS unit, a trial of H wave unit is not medically necessary and the non-certification is upheld.