

<b>Case Number:</b>	CM15-0087604		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 male, who sustained an industrial injury on 4/18/2002. He reported injury while opening a trailer door. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and lumbar strain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 12/16/2014, the injured worker complains of back pain. The treating physician is requesting a purchase of a H wave device for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines H wave device Page(s): 117.

**Decision rationale:** The patient is a 58 year old male with an injury on 04/18/2002. He had low back pain when opening a trailer door. On 12/16/2014 he had back pain. In MTUS, Chronic Pain

guidelines an H wave device is not recommended as an isolated treatment. Furthermore, the same guideline states that the H wave device is not superior to a TENS device and in MTUS, ACOEM it is noted that a TENS device is not recommended for back pain. Purchase of the H wave device is not medically necessary.