

<b>Case Number:</b>	CM14-0138863		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 injured worker is a 60 year old female whose date of injury is 12/01/2005. Diagnosis is neck pain. Letter of appeal dated 09/02/14 indicates that treatment to date includes medication management; trigger point injections, H-wave stimulation which reportedly helps relieve pain by 50%. The injured worker reportedly requires electrodes for her unit to continue using it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device, one month home use qty:1.00:** Upheld

**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 Page(s): 117-118.

**Decision rationale:** Based on the clinical information provided, the request for home H-wave device one month home use qty 1 is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The submitted records indicate that the injured worker has been utilizing an H-wave unit. The injured worker reportedly needs electrodes for her unit; however, the current request is for rental x 1 month of the unit. There is no current, detailed physical examination submitted for review and no specific, time-limited

treatment goals are provided. Therefore, medical necessity of the requested H-wave device is not established in accordance with CA MTUS guidelines.