

<b>Case Number:</b>	CM14-0100850		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 8/18/06. He reported pain in the neck and low back. Headache was also noted. The injured worker was diagnosed as having lumbar radiculopathy, lumbar/lumbosacral disc degeneration, cervical strain, cervical pain, mood disorder, post-concussion syndrome, lumbar facet syndrome, and headache/facial pain. Treatment to date has included physical therapy, which was slightly helpful, TENS, injections to the neck and low back, and medications. Currently, the injured worker complains of neck pain radiating to the right arm and back pain radiating to both legs. The treating physician requested authorization for an H-wave device. An H-wave device was requested to address pain complaints and avoid escalation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 H-wave device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 117-118.

**Decision rationale:** Guidelines state the H wave unit is not recommended as an isolated intervention but a one month trial may be considered as a noninvasive option for diabetic neuropathy or chronic soft tissue inflammation. In this case, the records do not indicate that the patient is receiving any concurrent therapies such as physical therapy or TENS which are required per guidelines. The request for H-wave stimulation is not medically appropriate and necessary.