

<b>Case Number:</b>	CM15-0179749		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 3, 2013. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a home H-wave device. An August 10, 2015 RFA form and an associated progress note of the same date were cited in the determination. The applicant's attorney subsequently appealed. On a progress note dated August 14, 2015, difficult to follow, handwritten, not altogether legible, the applicant was placed off of work, on total temporary disability. The applicant had undergone a prior failed spine surgery, it was reported. A psychological evaluation was sought. It was suggested that the applicant was considering further spine surgery. In an order form dated August 10, 2015, the H-wave device in question was seemingly sought. In an earlier note dated September 24, 2015, the applicant presented with severe back pain complaints. Once again, the applicant was placed off of work, on total temporary disability. On said August 10, 2015 H-wave device order form, it was acknowledged that the applicant had used the device in question on a trial basis between the dates June 8, 2015 through July 29, 2015.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** No, the request for an H-wave device [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be justified by documentations, which are submitted for review, with evidence of a beneficial outcome present in terms of both pain relief and function. Here, however, the applicant was described as having severe pain complaints on September 24, 2015, i.e., after the initiation of the H-wave device trial. The applicant was placed off of work, on total temporary disability, on that date. The applicant was likewise placed off of work, on total temporary disability, on a subsequent note dated August 14, 2015. It did not appear, in short, that ongoing usage of the H-wave device, on a trial basis, had in fact generated substantive improvements in pain or function in terms of the parameters established in MTUS 9792.20e needed to justify provision of the same on a purchase basis. Therefore, the request was not medically necessary.