

<b>Case Number:</b>	CM14-0145900		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/24/1997
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 65 year old male whose date of injury is 06/24/1997. Progress report dated 05/06/14 reveals complaints of low back pain, it is noted to be constant pain. Prior treatment includes left knee surgery in 09/2011, right knee surgery in 11/2011, physical therapy, Synvisc injection to left knee on 4/11/14, H wave trial for one month on 8/1/14, and medications. Diagnoses are lumbosacral neuritis NOS, sprain lumbar region, and internal derangement knee nos. Note dated 08/01/14 indicates that low back pain is constant radiating to the bilateral legs with numbness. The injured worker was to remain off of work until 10/10/14. A prior utilization review determination dated 8/9/14 resulted in denial for H wave unit one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) H-Wave Unit for (one (1) month): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the injured worker has attempted a TENS unit trial. There is no current, detailed physical examination submitted for

review and no specific, time limited treatment goals are provided. The benefit expected from a trial of H wave given the chronicity of the injured worker's injury is not documented. Therefore, medical necessity is not established in accordance with CA MTUS guidelines. Based on the clinical information provided, the request for one H wave unit for one month is not medically necessary.