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**Notice of Independent Medical Review Determination**

Dated: 8/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/9/2013

1/25/2013

6/6/2013

CM13-0000562

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-Wave Homecare System **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for H-Wave Homecare System **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 9, 2013:

“The patient stated that on the above date, while performing his job duties, he was at a store pulling a pallet jack weighing approximately 250 pounds, and while pulling, he felt a pulling sensation to his low back with tingling into the right leg. The patient continued working but began developing increased pain with radiation into the right leg. He reported his injury to his supervisor.

“On February 2, 2013, the patient was experiencing severe pain to his low back. He was seen in the emergency room at [REDACTED] where he was examined. A CT scan of the lumbosacral spine was obtained. He was given an intramuscular injection for the pain. Vicodin and ibuprofen medications were dispensed. The patient was made temporarily totally disabled for two weeks.

“On February 14, 2013, the patient was referred to the [REDACTED] by his employer. The patient was examined, and x-rays of the lumbosacral spine were obtained (X-ray results will be reviewed under the x-ray section of this report). Naprosyn, Soma, and Vicodin medications were dispensed. The patient was released to a light duty status.”

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 6/6/2013)
- Utilization Review Determination (dated 5/9/2013)
- Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT), pg 117-118
- Doctor's first report (dated 2/14/2013)
- Initial Orthopaedic Evaluation from [REDACTED] (dated 3/19/2013)
- History and Physical from [REDACTED] (dated 5/7/2013)
- Progress Reports from [REDACTED] (dated 2/14/2013-3/7/2013)
- Office notes from [REDACTED] (dated 4/3/2013-4/19/2013)
- PR2 Reports from [REDACTED], MD (dated 4/2/13-6/11/2013)
- Electrodiagnostic Consultation from [REDACTED] (dated 5/22/2013)
- MRI of the Lumbar Spine from [REDACTED] (dated 4/29/2013)

### 1) Regarding the request for H-Wave Homecare System:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), H-Wave Stimulation Section (HWT), pg. 117-118. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

On 1/25/13 the employee sustained an injury to the lumbar spine with pain radiating down the right leg. Treatment included lumbosacral CT scan and x-rays, analgesics and physical therapy visits that included H-Wave therapy. MRI on 4/29/13 revealed disc protrusion at L5/S1 compressing the right S1 root. EMG/NCV studies on 5/22/13 were positive for acute right S1 radiculopathy.

Chronic Pain guidelines state H-Wave is not recommended as an isolated intervention. A one month home-based trial of H-Wave may be considered as an adjunct to a program of functional restoration after failure of conservative care including physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). After review of the medical notes submitted there is no indication that the employee is participating in a program of functional restoration or that treatment with analgesics has failed. There is no documentation that a trial of a TENS unit has been requested or completed. The request for H-Wave Homecare System **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



