

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Home H-Wave Unit Purchase **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/11/2013 disputing the Utilization Review Denial dated 5/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/12/2013. 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 requested Home H-Wave Unit Purchase **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 Occupational 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 29, 2013

“The applicant, [REDACTED], is a [REDACTED] employee, who has filed a claim for chronic neck and upper arm pain reportedly associated with an industrial injury of 01/02/13.

“Thus far, she has been treated with the following: Analgesic medication; An MRI of the left shoulder of May 2, 2013, notable for mild supraspinatus tendinosis; MRI of the cervical spine of 05/02/13, notable for multilevel degenerative disk disease with C6-C7 disk herniation; and several months off of work.”

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 Record Review (received 6/11/13)
- Utilization Review determination from [REDACTED] (dated 5/29/13)
- Employee medical records from [REDACTED] (dated 2/11/13-4/25/13)
- Employee medical records from [REDACTED], MD (dated 5/31/13)
- Employee medical records from [REDACTED] (dated 3/14/13)

- Employee medical records from [REDACTED] (dated 5/2/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 117-118

1) Regarding the request for Home H-Wave Unit Purchase :

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 (May, 2009), Part 2, Pain Interventions and Treatments, pg. 117-118, which is part of the Medical Treatment Utilization Schedule (MTUS). 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:

The employee sustained a work-related neck and upper arm injury on 01/02/13. The medical records provided and reviewed indicate treatment has included a trial of analgesics, physical therapy, and diagnostic tests that show some degenerative changes. The reviewed records show progressive improvement, and the medical record of 5/31/13 indicates a cervical epidural injection is pending.

MTUS guidelines indicate the criteria for the use of H-Wave includes a trial of conservative care, including analgesics, physical therapy, and a documented trial failure of transcutaneous electrical nerve stimulation (TENS). The medical records provided for review do not include documentation which would meet MTUS criteria for the H-Wave treatment. The Home H-Wave Unit purchase **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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

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.