

---

**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/21/2013
Date of Injury:	1/16/2013
IMR Application Received:	6/12/2013
MAXIMUS Case Number:	CM13-0000646

- 1) MAXIMUS Federal Services, Inc. has determined the request for an H-Wave Stimulator **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 an H-Wave stimulator **is 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, has a subspecialty in Musculo-skeletal injuries and Chemical/Environmental Toxicology Exposure 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 21, 2013:

"The claimant is an [REDACTED] Premises Technician, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of 1/16/13."

### **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
- Utilization Review from [REDACTED]
- Medical records (dated 1/17/13 thru 7/16/13)
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for an H-Wave stimulator :**

#### 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), pg.114, 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 was injured on 1/16/13 and has experienced low back spasms. The medical records provided for review indicate that the employee is suffering from a low back spasm with minimal radicular symptoms with tight paraspinal muscles in the lumbosacral region that are tender to palpation. The medical records note that the employee has been treated with physical therapy sessions and Naproxen with no relief. The request was submitted for an H-wave stimulator.

The MTUS Chronic Pain guidelines state that an H-wave stimulator is not recommended as an isolated intervention, but may be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical records provided for review document that the patient has utilized other modalities to improve the patient's condition that are consistent with the recommendations prior to pursuing H-wave electro-stimulation therapy. The request for an H-wave stimulator **is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/th

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.