
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/12/2013
Date of Injury:	2/7/2013
IMR Application Received:	7/17/2013
MAXIMUS Case Number:	CM13-0001815

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 30 day trial use of H-wave system **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 6/12/2013. 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 a 30 day trial use of H-wave 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 June 12, 2013:

"The patient is a 47 year old male with a date of injury of 2/7/2013. Under review is a prospective request for a 30 Day Trial use of H-wave system.

Review of the submitted records show the patient being treated for degenerative disc disease of the lumbar spine. Most recent findings in the progress report on 5/16/2013 included that the patient had a nerve root block on 4/23/2013 and felt much better. Objective findings included pain with extension and rotation of the spine, no focal deficits, and good range of motion of the hips, knees and ankles. The patient was approved for two physical therapy sessions in review #374429 on 5/31/2013. There was no indication of the patient's response to the approved physical therapy. Also, there was no indication of the patient being approved for or response to any medications or transcutaneous electrical nerve stimulations (TENS) for the treatment of his condition."

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 (dated 7/17/2013)
- Utilization Review from [REDACTED] (dated 6/12/2013)
- Medical Records from [REDACTED] (dated 12/5/12-6/20-13)
- Medical Records from [REDACTED] (dated 2/7/13)
- Medical Record from [REDACTED], MD (dated 2/19/13)
- Medical Record from unknown source (dated 2/26/13)
- Medical Records from [REDACTED] (dated 2/26/13-6/18-13)
- Medical Records from Dr. [REDACTED] (dated 5/20/13-6/20/13)

- Chronic Pain Medical Treatment Guidelines (May, 2009)Part 2, Pain Interventions and Treatments pg 107

1) Regarding the request for a 30 day trial use of H-wave 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, May 2009, Part 2, Pain Interventions and Treatments, page 107, 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:

On 2/7/13 the employee sustained a work-related back injury. The submitted and reviewed medical records indicate symptoms include weakness in the bilateral lower extremities. Diagnoses include low back pain and discogenic disease of the spine. Prior treatment has included medications, physical therapy and a nerve root block. A request has been submitted for 30 day trial use of H-wave system.

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, mediations and transcutaneous electrical nerve stimulation (TENS). The submitted records do not demonstrate trial of a TENS unit and do not document failure of initially recommended conservative care including physical therapy and medication. The guidelines do not support the requested 30 day trial use of H-wave system in this case. The request for a 30 day trial use of H-wave 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.