MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 9/26/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/3/2013
Date of Injury:	4/26/2002
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001981

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 30 day trial of an 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 Orthopedic Surgery 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 July 3, 2013:

"This is a review for the medical necessity of the request for a 30 day trial of the H-wave system. This patient is a 51-year-old female who sustained an injury on 4/26/02 while lifting a linen bag (as per Utilization Review nurse's clinical summary). The patient is currently diagnosed with pain in the thoracic spine, "left shoulder status post rotator cuff' and cervicalgia". According to the medical report dated 5/28/13, the patient has complaints of neck pain, left arm pain, low back pain and left leg numbness. It was mentioned that the patient continues to experience neck pain that causes headaches and which also radiates down the left arm. There is numbness in the second and third fingers. There is also low back pain that radiates down the posterolateral thigh down the lower leg, with associated numbness at the dorsal aspect of the foot. The patient had a previous epidural that was not tolerated well. The patient also had prior Chiropractic treatments from which she received significant benefits. Physical examination of the cervical spine revealed decreased range of motion and diminished sensation over the C6 distribution of the left hand. The lumbar spine has numbness in the left leg/foot (corresponding to the L5-SI distribution) and negative Straight Leg Raise test on the right. Medications were prescribed on this visit. The note dated 6/26/13 states that a clinical trial of TENS has been performed but did not provide satisfactory/adequate relief. It was mentioned that pain on the back was decreased from 7 to 5; and that the left wrist/arm pain was decreased from 7 to no pain after the use of an "H-wave".
The progress report addendum dated 6/26/13 indicates that the patient complains of pain, and exhibits impaired range of motion and impaired activities of daily living. It was mentioned that the patient has been previously treated with Physical Therapy and/or exercise, medications and clinical or home trial of TENS. A 30-day evaluation trial of the H-wave homecare system was requested. The referenced practice guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month

home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if 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). However, there is no indication in the records that the current request will be utilized in conjunction with evidence-based functional restoration to substantiate the requested trial. Clarification is also needed of the noted prior use of the H-wave device (as documented in the patient history note dated 6/26113) with additional information needed in regards to the previous duration of the use as well as resulting functional benefit. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested 30 day trial of the H-wave system has not been established."

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 7/18/2013)
- Utilization Review Determination from [redacted] (dated 7/3/2013)
- Medical Records provided by the Claims Administrator
- Medical Treatment Utilization Schedule

1) **Regarding the request for 30 day trial of an H-wave system:**

<u>Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision</u>:
The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, (2009), H-Wave Stimulation Section, pgs. 117-118, 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 applicable and relevant to the issue at dispute.

<u>Rationale for the Decision:</u>
The employee sustained a lifting injury on 4/26/02. The submitted medical records document neck pain, left arm pain, low back pain and left leg numbness. The employee's diagnoses include cervicalgia with left upper extremity radiculopathy C5-6, lumbago with left L5-S1 sciatica, and depression. Prior treatment has included left shoulder MRI, left shoulder arthroscopic surgery, medications and chiropractic care. A request has been submitted for a 30 day trial of an H-wave system.

MTUS guidelines note that a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if 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 and medications plus transcutaneous electrical nerve stimulation (TENS). A submitted progress addendum dated

6/26/13 indicates the employee tried physical therapy and/or exercise, but no physical therapy notes were provided for review to document objectively the scope of this physical therapy. Additionally, there is minimal documentation to indicate that a TENS unit has been tried and/or the efficacy of the TENS unit has been demonstrated. The guidelines do not support a 30 day trial of an H-wave system in this case. The request for a 30 day trial of an 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.