

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	8/30/2013
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006686

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 system 30 day trial lower back** 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a represented former [REDACTED] analyst who has filed a claim for chronic neck, low back, and mid back pain, reportedly associated with cumulative trauma at work between dates of July 16, 2009, through August 30, 2009. She has also filed claims for derivative sleep disturbance, it is noted.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off work, on total temporary disability.

In a utilization review report of July 16, 2013, the claims administrator denied an H-wave home care system.

The applicant's attorney appealed on July 29, 2013. Also reviewed is a July 16, 2013, handwritten progress note, not entirely legible, notable for multifocal pain complaints about the neck, mid back, low back, and bilateral shoulders. The applicant is seemingly on anticoagulants for comorbid atrial fibrillation. The applicant is asked to remain off work. There is no specific mention made of the proposed H-wave device.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for H-Wave system 30 day trial lower back:
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pp. 117-118, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pg. 117, which is a part of MTUS.

Rationale for the Decision:

As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention. It is, at best, tepidly endorsed in the treatment of chronic soft tissue inflammation, and/or diabetic neuropathic pain that has proven recalcitrant to first-line analgesic medications, second-line physical therapy and home exercises, AND a third-line TENS unit. The reviewed medical records this case do not provide a clear indication or evidence that analgesic medications AND a TENS unit has been tried and/or failed. No compelling rationale was attached to the application for IMR or to the request for authorization. Therefore, the original utilization review decision is upheld. **The request for H-Wave system 30 day trial lower back 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.