

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

3074

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0023440	Date of Injury:	04/07/2011
Claims Number:	[REDACTED]	UR Denial Date:	09/05/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
HOME H-WAVE DEVICE TRIAL X 30 DAYS LOW BACK/ NOT MEDICALLY CERTIFIED BY PHYSICIAN ADVISOR			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
 Medical Director

cc: Department of Industrial Relations, [REDACTED]
 [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old female who reported an injury on 04/07/2011 due to a fall. The patient underwent an MRI which revealed moderate disc degenerative disease at the C5-6 level and a small disc protrusion at the C5-6 and C6-7 levels without significant central canal or neural foraminal stenosis. The patient's diagnoses included a closed head injury secondary to findings consistent with post concussion syndrome, a right wrist strain, with ligamentous tear, and a cervical strain. The patient was evaluated by a neurologist for her post concussion syndrome, provided medications, physical therapy, and a TENS unit to conservatively treat the patient's back pain. Physical findings included decreased range of motion of the cervical and lumbar spine secondary to pain, positive lumbar tenderness and paraspinal muscle spasming in combination with positive trapezial tenderness and spasming. The patient's treatment plan included continued medication usage and H-wave therapy for her neck and back.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Home H-Wave device trial for 30 days is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-Wave stimulation, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-Wave stimulation (HWT), pages 117-118, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested home H-wave device trial for 30 days is not medically necessary. The clinical documentation submitted for review does indicate that the patient has failed to respond to a TENS unit. However, the clinical documentation submitted for review does not provide any evidence of the efficacy of prior physical therapy. There is no indication that the patient is participating in an active therapy program. California Medical Treatment Utilization Schedule states, "1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration." The clinical documentation submitted for review does not provide evidence that the patient is participating in an evidence based functional restoration program. Additionally, it is noted within the documentation, "The patient has stated that the device has positively helped." There are no physical findings to support this subjective statement. Therefore, a home based trial would not be indicated. As such, the requested home H-wave device trial for 30 days is not medically necessary.

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.

[REDACTED]

CM13-0023440