

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 1-month H-Wave unit rental for low back **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 5/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/19/2013. 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 requested 1-month H-Wave unit rental for low 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 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 May 3, 2013.

"History: Injured worker is a 56 y/o female who has sustained a work related injury on 01/15/2013. Mechanism of injury is unknown. Diagnosis is C/S, T/S, L/S sprain/strain. Medical treatment to date includes right shoulder surgery, date not specified. Medical progress report dated 04/18/2013 states patient complaints of pain and exhibits impaired ADL. Physical exam not documented."

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 Determination by [REDACTED] (dated 5/3/13)
- Employee's Medical Records by [REDACTED] (dated 2/20/13 to 6/17/13)
- Employee's Medical Records by [REDACTED] (dated 4/22/13)
- Employee's Medical Records by [REDACTED] (dated 1/22/13 to 2/11/13)
- Employee's Medical Records by [REDACTED] (dated 3/28/13)
- Miscellaneous Medical Records
- Blum K, Chen ALC, Chen TJH, Prihoda TJ, Schoolfield J, DiNubile N, et al. The H-Wave® Device Is an Effective and Safe Non-Pharmacological Analgesic for Chronic Pain: a Meta-Analysis. Adv Ther. 2008 Jul;25(7):644-57.
- Chronic Pain Medical Treatment Guidelines (2009) (pages 117-118)

1) Regarding the request for 1-month H-Wave unit rental for low back:

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) (pages 117-118), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider cited Blum K, Chen ALC, Chen TJH, Prihoda TJ, Schoolfield J, DiNubile N, et al. The H-Wave® Device Is an Effective and Safe Non-Pharmacological Analgesic for Chronic Pain: a Meta-Analysis. Adv Ther. 2008 Jul;25(7):644-57. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/15/2013 and experienced a sprain/strain in the cervical, thoracic, and lumbar sections of the spine. The employee has experienced pain which has negatively impacted daily life activities.

The Chronic Pain Medical Treatment Guidelines indicate H-Wave stimulation is not recommended as an isolated intervention. A one-month home-based trial of H-Wave stimulation may be considered as a conservative option for neuropathic pain or 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. The guidelines recommend physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS) prior to H-Wave stimulation.

There is no evidence of neuropathic pain documented in the record to justify the use of H-Wave stimulation. There is also no documentation of a trial of transcutaneous electrical nerve stimulation (TENS) unit. The requested 1-month H-Wave unit rental for low 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;

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

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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.