
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/21/2013

1/29/2013

6/6/2013

CM13-0000590

- 1) MAXIMUS Federal Services, Inc. has determined the request for a home H-Wave device rental for 30 days, and ongoing use if functional improvement is shown, **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 home H-Wave device rental for 30 days, and ongoing use if functional improvement is shown, **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 21, 2013.

1. For the purpose of this review, the neck and (L) upper extremity/shoulder will be addressed.
2. Diagnosis: Cervical spine sprain/strain, (L) upper extremity radiculopathy. (L) shoulder strain.
3. The patient is a 59 year-old male patient s/p injury 1/29/13.
4. Discussion:
 - a) At the time of this request, this injury was a little bit over 3 months old.
 - b) There was a previous request in a 5/7/13 pain management report for home EMS and subsequent review of 5/14/13 certified a trial of TENS.
 - c) Now submitted is a request for authorization dated 5/7/13 requesting a home 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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 5/21/13)
- List of Documents sent to MAXIMUS by Claims Administrator (dated 7/25/13)
- H-Wave Initial Evaluation Form (dated 5/14/13)
- Letter from Employee (dated 8/7/13)
- Primary Treating Physician's Supplemental Report Relative to Independent Medical Review by [REDACTED], M.D. (dated 7/18/13)
- H-Wave Informational Documentation
- Chronic Pain Medical Treatment Guidelines (2009), pages 117-118

Dr [REDACTED]

- Request for written authorization for initial-Trial of Acupuncture Care Dos 07/05/13

Dr [REDACTED]

- PR2- Dos 07/30/13,
- DFR- Dos 03/25/13
- PTP Supplemental Report- Dos 06/26/13, 06/12/13, 03/26/13
- Accupuncture referral, Dos 06/18/13
- Urine Toxicology Review of Records and supplemental Report- Dos 05/15/13
- Pharmacy prescription- Dos 03/25/12, 06/18/13
- Authorization Request-Dos 06/18/13

Dr [REDACTED]

- Request for authorization for medical treatment- Dos 05/07/13
- Primary Treating Physician Progress Report- Dos 06/18/13, 05/07/13, 06/18/13, 07/30/13
- Work status 06/18/13, 05/07/13
- PR2 Addendum- Dos 05/07/12

- Drug Screen Result-Dos 05/13/13

- Authorization request MRI- Dos 02/08/13
- Authorization Request PT-Dos 02/19/13
- Authorization Request CT-Dos 02/26/13
- Authorization Request Referral/Diagnostic Testing-Dos 03/01/13
- Radiologist Report- Dos 01/29/13
- Daily Therapy Note- Dos 03/04/13, 02/28/13, 02/19/13, 02/04/13, 02/15/13, 02/14/13, 02/12/13, 02/06/13, 02/04/13, 02/08/13

Dr [REDACTED]

- Primary Treating Physician Progress Report - Dos 02/08/13, 02/28/13, 02/21/13, 02/15/13, 02/01/13, 02/21/13
- Doctor's first Report- Dos 01/29/13
- Work status Dos 02/08/13, 01/29/13, 02/28/13, 02/21/13, 02/15/13 Dr [REDACTED]
- Neurological Testing Report- dos 04/25/13

- MRI Result- Dos 05/08/13,
[REDACTED] Dos 02/07/13

1) Regarding the request for a home H-Wave device rental for 30 days, and ongoing use if functional improvement is shown,:

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 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:

The employee was injured on 1/29/2013 and experienced strains in the cervical spine and left shoulder. Treatment to date has included acupuncture, physical therapy, a TENS unit, previous H-Wave device use, and a medication regimen for his pain complaints. A request was submitted for a home H-Wave device rental for 30 days, and ongoing use if functional improvement is shown.

The MTUS Chronic Pain Guidelines support use of an H-wave device when there has been documentation evidencing failure of a valid trial of a TENS unit. The medical records submitted and reviewed do not indicate a lack of objective functional improvements with the employee's TENS unit trial. The medical records show that the employee has already been using an H-wave device, which has provided 10% improvement and elimination of medication usage. However, the records lack evidence of quantifiable objective functional improvement with an H-wave device, in addition to the lack of documented failure of a TENS unit trial. The request for a home H-Wave device rental for 30 days, and ongoing use if functional improvement is shown, is not medically necessary or 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

/dj

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.