

Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/27/2013
Date of Injury:	9/4/2009
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017751

- 1) MAXIMUS Federal Services, Inc. has determined the request for **conductive gel or paste and 12 electrodes is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 11/25/2013. 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 **conductive gel or paste** 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 & 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.

Expert Reviewer Case Summary:

The IMR application shows the employee was injured on 9/4/09 and is disputing the 8/27/13 UR decision. The 8/27/13 UR decision letter is from [REDACTED] and recommends non-certification of 12 electrodes per pair and conductive gel or paste on 6/22/13. The letter states that additional information was requested but not received. They apparently requested: the provider's request for the items; subjective and objective status at the time the service was requested; and the rationale. The letter states they only received the 3/13/13 P&S report, but the list of "Medical Records Reviewed" shows [REDACTED] reviewed 35 documents from 10/02/09 through 3/15/13. These records were not provided for this IMR. The available records for this IMR go from 9/28/12 through 5/14/13.

According to the records available, this is a 43 Year old male, refuse collection truck operator who had a cumulative trauma injury on 9/4/09 involving his lower back with radiation down the left leg, in the L4 distribution, from truck vibration and poor suspension. PT and chiropractic did not help. Acupuncture provided transient benefit. He was given an H-wave which he reported to use 1-2x/week, and by 9/28/12 reported losing effectiveness. There was mention of weight gain since the accident, and attempts to get a weight loss program. He was P&S on 3/13/13.

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:

[REDACTED]

2) **Regarding the request for conductive gel or paste :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS, pages 114-121, H-wave stimulation (HWT).

Rationale for the Decision:

The conductive gel/paste by itself is not medical treatment. The gel is necessary for the use of an e-stim device, in this case, the H-wave unit. The issue becomes whether the H-wave stimulator is necessary. If the H-wave unit is medically necessary, then the conductive gel would be medically necessary. MTUS has clear criteria for use of H-wave. The criteria includes: (1) used as an adjunct to a program of evidence-based functional restoration; (2) only following failure of physical therapy (i.e., exercise) ;(3) and after failure of medications; (4) and after failure of transcutaneous electrical nerve stimulation (TENS). The employee does not appear to have used the H-wave with a program of functional restoration. The employee has been reported to have failed PT, and has home exercises. The employee did not want to take Vicodin, for fear of addiction. There was no mention of failure of Robaxin or Motrin. There was no mention of a trial or failure of TENS. The criteria for the H-wave unit does not appear to meet MTUS criteria, therefore the gel for the electrodes for a device that is not in accordance with MTUS, would not appear to be reasonable or appropriate. **The request for conductive gel or paste and 12 electrodes 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

[Redacted]

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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.