

## Independent Medical Review Final Determination Letter

956

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

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0018149	<b>Date of Injury:</b>	11/08/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
30 days rental trial of H-wave device			

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: OVERTURN. This means we decided that all 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]

## 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 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 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:

**CLINICAL SUMMARY:** All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented 32-year-old [REDACTED] [REDACTED] office assistant, who has filed a claim for chronic hand, neck, upper back, shoulder, low back, and upper arm pain reportedly associated with a trip and fall industrial contusion injury of November 8, 2010. The applicant has also filed claims for derivative psychological stress, it is further noted.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a TENS unit; heating pad; and extensive periods of time off of work. The applicant has not worked in several years.

In a utilization review report of July 18, 2013, the claims administrator denied the request for a 30-day rental of an H-wave device, stating that TENS unit has not been trialed.

However, review of the file notes that a TENS unit was apparently tried, as suggested on qualified medical evaluation report of February 18, 2012.

A clinical progress note of September 24, 2013 is notable for comments that the applicant is continuing to have ongoing issues with multifocal neck pain, shoulder pain, wrist pain and headaches with associated anxiety and depression. The applicant is on Cymbalta, Fioricet, Nexium and Zanaflex. The applicant is again asked to remain off of work, on total temporary disability.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. 30 days rental trial of H-wave device is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-Wave stimulation, pages 117-118, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave home care systems are tepidly considered an option in those individuals with chronic soft tissue inflammation and/or diabetic neuropathic pain that has proven recalcitrant to first line analgesic medications, second line physical therapy, home exercises, AND conventional TENS unit. In this case, as suggested by the qualified medical evaluator on February 18, 2012, the applicant had previously tried and failed a fourth line TENS unit. Numerous analgesic and adjuvant medications, physical therapy, and home exercises have all apparently been tried and failed. A one-month trial of an H-wave home care system is indicated in this context. Therefore, the original utilization review decision is overturned. **The request for 30 days rental trial of H-wave device is medically necessary and appropriate.**

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]

CM13-0018149