

## Independent Medical Review Final Determination Letter

1028  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0018349	<b>Date of Injury:</b>	02/23/2004
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of February 23, 2004.

Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to various providers and various specialties; muscle relaxants; sleep aids; prior lumbar fusion surgery on July 17, 2012; a 28% whole person impairment rating; and the apparent imposition of permanent work restrictions which have resulted in the applicant's remaining off work.

In the utilization review report of August 16, 2013, the claims administrator denied a request for a 30-day trial of an H-Wave home care unit system. The applicant's attorney later appealed, on August 29, 2013.

An earlier preprinted progress note of August 9, 2013, uses checkboxes as opposed to furnishing any narrative commentary and has been on the H-Wave home care system vendor form. On that form, the attending provider writes that the applicant has failed physical therapy and home exercise and should therefore obtain the H-Wave device. No narrative comments were provided as the form uses preprinted checkboxes.

In earlier note on May 30, 2013, it is stated that applicant is improving with physical therapy and is also continuing with Norco for pain relief. On August 14, 2013, the applicant received refills of both BuTrans and hydrocodone.

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

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

**1. 30 day trial of a H-wave homecare system is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 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 stimulation is not recommended as an isolated intervention but can be considered in conjunction with a program of function restoration in those applicants who fail other conservative care, including physical therapy, home exercises, and analgesic medications AND a conventional TENS unit. In this case, however, it appears that the applicant has not tried and/or failed the conventional TENS unit. The applicant is using first-line oral analgesic medications including Norco or BuTrans, without any seeming difficulties and/or impediment. Finally, the applicant is also described as responding favorably to conventional physical therapy. Usage of the H-Wave device is not indicated in this context as it appears that multiple other first-line treatments have been tried and utilized with good effect, therefore, the original usage is upheld. **The request for a 30 day trial of a H-wave homecare system is not 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]

CM13-0018349