

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



**Independent Medical Review Final Determination Letter**

1308

[Redacted]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0019061	<b>Date of Injury:</b>	02/21/2008
<b>Claims Number:</b>	[Redacted]	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/03/2013
<b>Employee Name:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
H-WAVE PURCHASE			

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]

## 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 Family Practice 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 patient is a 39-year-old injured worker who reported a work related injury on 02/21/2008 due to a student running into the patient's left side. Their diagnoses are listed as lumbago, lumbar disc degeneration, postlaminectomy syndrome, lumbar radiculopathy at L5/left big toe, left hip labral tear, and left L5 neuropathy and associated pain. The patient is status post 2 lumbar surgeries and a left hip surgery. The clinical documentation submitted stated that the employee returned to work to full duty on 08/07/2013. The clinical note dated 09/09/2013 stated that the patient would try H-wave for 4 weeks at company's expense and see if it would work on 06/11/2013. It was noted on 08/07/2013 that H-wave was working and controlling their pain. The patient was able to go back to regular duty with the help of H-wave. Physical exam on this date noted that the patient was walking straight but cannot sit in the room and had been standing all the time. Back examination showed minimal lordosis. There was diffuse tenderness over facet joints and over bones with range of motion being quite restricted, and extension was only 10 degrees. The employee complained of having weakness of the big toe with a sensitive dorsal foot and very weak left ankle reflex. The patient had left L5 radiculopathy. The clinical note dated 09/09/2013 stated that the patient had failed conservative treatment. The patient's medications include Celebrex, Lyrica, Tylenol, and Norco.

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

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

**1. H-Wave electrical stimulation unit purchase is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs 117-118, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic 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, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The medical records provided for review reflects a lack of clinical documentation submitted noting that the employee had been in physical therapy previous to the trial of an H-wave device. There was also no documentation stating that the employee had tried a transcutaneous electrical nerve stimulation unit, or TENS unit. Guidelines further state that a 1 month H-wave stimulation trial may be appropriate to permit the physician and physical therapist to study the effects and benefits, and it should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than 1 month should be justified by documentation submitted for review. H-wave stimulation units are most successful when used as a tool in combination with functional improvement. The clinical documentation submitted for review does not support the request for a purchase of an H-wave electrical stimulation unit. **The request for H-Wave electrical stimulation unit purchase is not medically necessary and appropriate**

/js

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]

CM13-0019061