

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	7/7/2008
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002761

- 1) MAXIMUS Federal Services, Inc. has determined the request for an H-Wave system trial **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 an H-Wave system trial **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 Preventative Medicine and 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 July 1, 2013:

“The date of injury is 07/07/08 (almost 5 years ago). [REDACTED] is a 32-year-old woman with neck pain. The injury occurred secondary to motor vehicle accident. The patient underwent C5/C6 cervical fusion on 3/4/13. Requested was an H-wave stimulator for 30 days.”

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 from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an H-Wave system trial:

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), H-wave stimulation (HWT), pg. 117, which is a part of the Medical Treatment Utilization Schedule Guidelines (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 sustained a work-related injury on 7/1/2008. The medical records provided for review indicate treatments have included: analgesic medications, C5-C6 cervical fusion on March 4, 2013, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, and extensive periods of time off of work. The records indicate the applicant has tried physical therapy, medications, and TENS unit, still has ongoing pain complaints. The request is for an H-Wave system trial.

MTUS Chronic Pain Medical Treatment Guidelines state that H-wave home care systems are not recommended except in cases of chronic soft tissue inflammation that have proven unresponsive to conventional therapy, including physical therapy, medications, and third-line TENS unit. The medical records provided for review lacks documentation indicating whether the employee has tried and/or failed a TENS unit, other than by report of the H-wave vendor. The employee used the H-wave unit for unspecified amounts of time and has failed to demonstrate any evidence of functional improvement. The employee continues to pursue physical therapy, has failed to return to work, failed to demonstrate any evidence of diminished work restrictions and improved performance of activities of daily living, and/or reduction in dependence on medical treatment. The request for an H-Wave system trial **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;

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

/pas

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.