

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	9/30/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004529

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) H-wave unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 one (1) H-wave unit **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 Preventive 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.

Expert Reviewer Case Summary:

The claimant, Mr. [REDACTED], is a represented 48-year-old who has filed claim for chronic low back pain, major depression, epilepsy, and left ankle fracture reportedly associated with an industrial injury of September 30, 2008.

Thus far, he has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; prior L4 to S1 lumbar fusion; prior ankle ORIF surgery; psychotropic medications; and extensive periods of time off of work.

The applicant has also filed claims for derivative mental health issues, it is noted.

In the Utilization Review Report of July 8, 2013, the Utilization review denied authorization for an H-wave unit.

On July 3, 2013, the attending provider writes that he is trying to have the applicant admitted to an inpatient detoxification program to get the applicant off of OxyContin.

Also reviewed is a questionnaire filled out by the claimant dated June 17, 2013, in which he states that the H-wave home care system has helped him decrease medication consumption. Portions of the form are blurred as a result of repetitive photocopy.

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 of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one (1) H-wave unit:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pg. 117, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate H-wave home care systems are, at best, tepidly endorsed in the treatment of chronic diabetic neuropathic pain and/or soft tissue inflammation that has proven recalcitrant to first-line analgesic medications, second-line physical therapy and home exercises, AND third-line TENS unit. Medical records submitted and reviewed indicate no evidence that the employee has tried and failed numerous first, second, and third-line options, including a conventional TENS unit. The guideline criteria have not been met. **The request for one (1) H-wave unit 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
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.