

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/22/2013    |
| Date of Injury:           | 1/22/2012    |
| IMR Application Received: | 8/6/2013     |
| MAXIMUS Case Number:      | CM13-0007459 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home H-Wave device 3 month rental is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **home H-Wave device 3 month rental is 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 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:**

Patient is a 34 year old female with a DOI of 1/22/2012 where she attacked by a combative patient. She has diagnoses of cervical disc displacement, cervicalgia, brachial neuritis DDD cervical spine. The patient has had cervical ESI. She had been approved for a 30 day trial of H-wave by the claims administrator and had a good result with use of the machine. The patient is taking medications as well, and she states the machine allows her to sleep and helps with breakthrough pain, reducing her need for medications. She has been treated with chiropractic therapy.

### **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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for home H-Wave device 3 month rental:**

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

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

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy, Page 117.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment Guidelines indicate H-wave therapy is recommended for chronic soft tissue inflammation. Guidelines indicate that H-wave therapy should be tried for 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical records provided for review indicate that the employee has gone through conservative care and was approved for trial of H-wave therapy (HWT). The medical records provided for review also indicate that the employee had good response with HWT. Guidelines indicate that the one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy 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. Guidelines indicate that rental would be preferred over purchase during this trial, and trial periods of more than one month should be justified by documentation submitted for review. Additionally, Guidelines indicate that while HWT and other similar-type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. The medical records provided for review indicate that HWT has shown good results in this employee for reducing pain and medication use. **The request for home H-Wave device 3 month rental is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ejf

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.