MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2988
[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0023225	**Date of Injury:**	02/20/2007
Claims Number:	[redacted]	**UR Denial Date:**	08/20/2013
Priority:	STANDARD	**Application Received:**	09/12/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
E1399			

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 Physical Medicine and Rehabilitation, 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 40-year-old male who reported an injury on 02/20/2007. The patient was noted to have pain and to be utilizing an H-wave and medications. Diagnoses were noted to include chronic pain syndrome, myalgia and myositis (unspecified), thoracic or lumbosacral neuritis or radiculitis, unspecified, degeneration of lumbar or lumbosacral and vertebral discs, and lumbago. The treatment was noted to be the purchase of an H-wave machine.

IMR DECISION(S) AND RATIONALE(S)

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

1. H-Wave purchase is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 171-172, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:
CA MTUS Guidelines do not recommend an H-wave stimulation as an isolated intervention; however, a 1 month home based trial of an H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if it is used as an adjunct to a program of evidence based functional restoration and the patient had the failure of initially recommended conservative care including physical

therapy, medications, and a TENS unit. The clinical documentation submitted for review dated 05/08/2013 revealed it was being requested the patient have a 1 month trial evaluation of an H-wave home care system and it was noted that the patient had tried physical therapy and/or exercise. The office note dated 06/20/2013 revealed that the patient had continued pain; however, the patient stated that he felt that the H-wave machine was helpful for his pain. The clinical documentation submitted for review failed to provide the patient had a trial of a TENS unit as per guideline recommendations. The patient was noted to be participating in physical therapy. Given the above, and the lack of use and documented failure of a TENS unit, the request for an H-wave purchase is not medically necessary.

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.

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