

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

5/23/2013

Date of Injury:

1/25/2013

IMR Application Received:

6/3/2013

MAXIMUS Case Number:

CM13-0000541

- 1) MAXIMUS Federal Services, Inc. has determined the request for purchase of interferential unit with one year supplies (electrodes 4/pack x 10; batteries x 10; set up and delivery) for the cervical and left shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/3/2013 disputing the Utilization Review Denial dated 5/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 purchase of interferential unit with one year supplies (electrodes 4/pack x 10; batteries x 10; set up and delivery) for the cervical and left shoulder 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 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED], employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 25, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and extensive periods of time off of work.

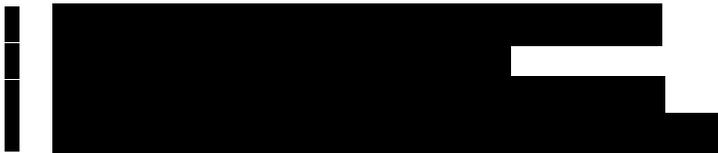
In the Utilization Review Report of May 23, 2013, the claims administrator denied a request for acupuncture and apparently denied an interferential stimulator device. The outdated 2007 California Acupuncture Guidelines were cited, it is incidentally noted.

A later handwritten note of September 9, 2013 is notable for comments that the applicant remains off of work, on total temporary disability, and is apparently not using any pain medications.

An earlier handwritten note of May 13, 2013 is difficult to follow, was notable for ongoing complaints of neck, midback, shoulder, and elbow pain. There was associated tenderness to touch on exam. The applicant was asked to remain off of work, on total temporary disability, while authorization for an interferential device was sought.

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:



1) Regarding the request for purchase of interferential unit with one year supplies (electrodes 4/pack x 10; batteries x 10; set up and delivery)- for the cervical and left shoulder :

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 (2009), page 149, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Page 120, which is part of the MTUS.

Rationale for the Decision:

As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of interferential stimulation is indicated in those employees in whom pain is ineffectively controlled owing to diminished medication efficacy, a history of substance abuse that would make provision of medications unwise, medication side effects and unresponsiveness to other conservative measures. In this case, however, there was no evidence of that the employee had a history of substance abuse, had issues with medication unresponsiveness, and/or had issues with medication side effects. Furthermore, there is no evidence that a successful one-month trial of an interferential stimulator had been undertaken before one year's worth of supplies and purchase of the device were sought. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on independent medical review. **The request for purchase of interferential unit with one year supplies (electrodes 4/pack x 10; batteries x 10; set up and delivery) for the cervical and left shoulder 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: 

/cmol

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.