

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	5/12/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010816

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MEDS stimulation unit for use 2-4 times a day is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **conductive garment is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy one time a week for four weeks for the lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **MEDS stimulation unit for use 2-4 times a day is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **conductive garment** is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy one time a week for four weeks for the lumbar spine 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 39-year-old assistant manager who has filed a claim for chronic low back and bilateral hip pain reportedly associated with an industrial injury of May 12, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; 24 sessions of physical therapy in 2012; 24 sessions of chiropractic manipulative therapy in 2012; attorney representation; and apparent return to part-time work as a notary public. The applicant has apparently failed to return to work to her original occupation.

In a utilization review report of July 24, 2013, the claims administrator denied the request for an electrical stimulator with associated conductive garment and additional physical therapy.

A recent July 12, 2013 progress note is notable for comments that the applicant is working part-time as a notary. She reports a flare-up of low back pain radiating to the left hip. Her pain has since diminished, it is noted. She exhibits associated tenderness to touch, near normal range of motion despite some discomfort, normal ambulation, normal heel and toe gait, and a 5/5 lower extremity strength. Recommendations are

made for the applicant to continue home exercises and physical therapy. No medications are prescribed. A later handwritten note of July 15, 2013 is notable for comments that the applicant should obtain electrical stimulation device and conductive garment.

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 MEDS stimulation unit for use 2-4 times a day is not medically necessary and appropriate.:

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 California MTUS, #167, the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use TENS, page 116, which is part of MTUS.

Rationale for the Decision:

As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS includes evidence of chronic intractable pain in those individuals who have tried and failed other appropriate pain modalities, including pain medications. In this case, however, there is no evidence that other appropriate pain modalities, including pain medications, were tried and/or failed. It is, furthermore, noted on the July 12, 2013 note that the employee is not receiving any analgesic medications as of that date. The attending provider has not clearly documented the failure of first-line oral analgesic medications. Therefore, the original utilization review decision is upheld. Based on medical records provided for review the request remains non-certified, on an independent medical review. **The request for MEDS stimulation unit for use 2-4 times a day is not medically necessary and appropriate.:**

2) Regarding the request for conductive garment:

Since the MED stimulation unit is not medically necessary, none of the associated products are medically necessary.

3) Regarding the request for physical therapy one time a week for four weeks for the lumbar spine.

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 California MTUS, #167, the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of MTUS.

Rationale for the Decision:

As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, 9 to 10 sessions of treatment are recommended for myalgias and/or myositis of various body parts. In this case, the applicant has had prior treatment in 2012 alone (24 sessions) seemingly well in excess of the guideline. The most recent progress note suggests that the applicant exhibits near normal to normal motion, normal lower extremity strength, and normal gait. It is further stated that the applicant is also performing home exercises. All of the above, taken together, suggested that the applicant can perform self-directed home physical medicine without a need for further formal physical therapy. Accordingly, the original utilization review decision is upheld. Based on medical records provided for review the request remains non-certified, on independent medical review. **The request for physical therapy one time a week for four weeks for the lumbar spine 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

/jd

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.