

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/16/2013
Date of Injury: 5/15/2001
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0014026

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, has a subspecialty in Interventional Spine 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 45 year old female with a date of injury on 5/15/01. The patient's diagnoses include: cervical spondylosis/spinal stenosis; bilateral shoulder impingement syndrome; right lateral epicondylitis; left pronator syndrome; rule out bilateral flexor carpi ulnaris tendinitis; and unspecified neuropathic pain. The patient has an 11 year history of chronic neck, back, low back, and bilateral upper and lower extremity pain, and apparently remains symptomatic. The patient has undergone acupuncture treatments with unspecified results.

IMR DECISION(S) AND RATIONALE(S)

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

1. Leads purchase x 4 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines section on Transcutaneous Electrical Nerve Stimulation (TENS) which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

In the medical records provided for review, there was no discussion of the TENS unit therapy during these sessions. MTUS Chronic Pain Guidelines state that a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no discussion by the treating provider in the medical records as to why a 60 day trial was requested rather than a 30 day trial. Since a 60 day

trial exceeds MTUS guidelines and no TENS trial results are yet available, recommendation is for denial. **The request for Leads purchase x 4 is not medically necessary and appropriate.**

2. Electrodes Purchase x 4 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines section on TENS which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

In the medical records provided for review, there was no discussion of the TENS unit therapy during these sessions. MTUS Chronic Pain Guidelines state that a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no discussion by the treating provider in the medical records as to why a 60 day trial was requested rather than a 30 day trial. Since a 60 day trial exceeds MTUS guidelines and no TENS trial results are yet available, recommendation is for denial. **The request for Electrodes purchase x 4 is not medically necessary and appropriate.**

3. Batteries Purchases x 4 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines section on TENS which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

In the medical records provided for review, there was no discussion of the TENS unit therapy during these sessions. MTUS Chronic Pain Guidelines state that a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no discussion by the treating provider in the medical records as to why a 60 day trial was requested rather than a 30 day trial. Since a 60 day trial exceeds MTUS guidelines and no TENS trial results are yet available, recommendation is for denial. **The request for Batteries purchase x 4 is not medically necessary and appropriate.**

4. TENS Unit 2 Month Trial is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines section on TENS which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

In the medical records provided for review, there was no discussion of the TENS unit therapy during these sessions. MTUS Chronic Pain Guidelines state that a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no discussion by the treating provider in the medical records as to why a 60 day trial was requested rather than a 30 day trial. Since a 60 day trial exceeds MTUS guidelines and no TENS trial results are yet available, recommendation is for denial. **The request for TENS unit 2 month trial is not medically necessary and appropriate.**

/MCC

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.

[REDACTED]

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