

## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: Select Date

<b>IMR Case Number:</b>	CM13-0018786	<b>Date of Injury:</b>	10/18/2001
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
1. AVIVASTIM (E0745-2 CHANNEL NEUROMUSCULAR STIMULATOR WITH			

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], INC

## 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 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 claim is regarding a 51 year old patient with injury from 10/18/01 with chronic neck pain, and history of neck surgery times 2. The patient has pain in the neck and low back, generalized discomfort. The requested items were denied by UR as there were lack of documentation of work or exercise, no plan for functional restoration, NMES is not supported for chronic spine conditions, back garment is not supported, and as for orthosis, and no documentation of instability and that in this situation bracing is not supported.

Dr. [REDACTED], note from 8/19/13 shows that the patient is on Oxycontin 60mg, quantity 120. His 5/28/13 notes are very similar with identical subjective section and similar medication. No discussion is noted for the requested items. 9/16/13, 6/24/13 notes have the same documentation, virtually no change in any of the content. There is, however, a request form generated by RS medical dated 7/22/13 for the requested items. Dr. [REDACTED]'s note from 4/29/13 has medication refills with UDS, but the remaining report is very similar to other reports. Dr. [REDACTED] has a letter dated 7/23/13 explaining his prescription for AvivaStim Xp unit, which was to treat the patient's pain associated with muscle weakness and guarding from spinal root damage. Additionally, the treatment is to reduce pain, re-educate the weak muscles, and improve range of motion.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. AvivaStim (2 channel neuromuscular stimulator with TENS) is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment guidelines does not support neuromuscular stimulator for chronic pain condition which is what the employee suffers from. The guidelines has some support for stroke patients but the medical records provided for review does not indicate that employee suffers from stroke. **The request for AvivaStim (2 channel neuromuscular stimulator with TENS) is not medically necessary and appropriate.**

## **2. Form fitting conductive full back garment is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: Form fitting back garment is not supported by MTUS for chronic pain condition unless there is documentation that there is such a large area that requires stimulation. The medical records provided for review does not include documentation supporting the need for a form fitting back garment. The garment is for Neuromuscular Electrical Stimulation which is not supported by the MTUS. **The request for a form fitting conductive full back garment is not medically necessary and appropriate.**

## **3. Lumbar sacral orthosis is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), which is part of the MTUS. Official Disability Guidelines (ODG) ODG guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 301 and 308, which is part of the MTUS. Official Disability Guidelines (ODG) ODG guidelines, Lumbar, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The American College of Occupational and Environmental Medicine does not support the use of lumbar orthosis for pain. The Official Disability Guidelines (ODG) supports spondylolisthesis, instability which the employee does not have. ODG mentions non-specific back pain for which orthosis may be used but states that there is very low grade evidence for this treatment. The medical records provided for review does not discuss the requested lumbar orthosis and does

not indicate if it is to be used for prevention or treatment. **The request for Lumbar sacral orthosis is not medically necessary and appropriate.**

**4. Electrodes, 4 monthly is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation, pg. 121, which is part of the MTUS.

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines for Neuromuscular electrical stimulation is not supported by the MTUS. **The request for electrodes, 4 monthly is not medically necessary and appropriate.**

/js

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]

CM13-0018786