
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 9/24/2012
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003239

- 1) MAXIMUS Federal Services, Inc. has determined the request for neuromuscular stimulator **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for electrodes **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for replacement batteries for TENS **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on **/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 neuromuscular stimulator **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for electrodes **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for replacement batteries for TENS **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 Preventive Medicine and 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013.

SUMMARY OF RECORDS:

This is a 52 year old female with an injury date of 9/24/12 per referral. Per the 6/18/13 progress report, the claimant has complaints of pain. The claimant exhibits impaired activities of daily living.

The request for the purchase of an H-Wave System for the low back is not medically necessary.

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 for Independent Medical Review (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for neuromuscular stimulator:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Environmental and Occupational Medicine (ACOEM), 2nd Edition, (2004), but did not cite a specific section, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Medical Treatment Guidelines, page 121, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/24/2013 and complains of chronic low back pain. The employee has been treated with analgesic medications, transcutaneous electrotherapy device, topical compounds, and an H-wave device. An MRI of lumbar spine was notable for disc protrusion at L5-S1 of uncertain clinical significance. The provider's notes dated 1/3/2013 discuss possible treatment with an H-wave device. A progress note dated 6/20/2013 reported the employee's condition is unchanged and she has low back pain radiating into the right calf. On physical examination, the employee had decreased range of motion and tenderness about the lumbar spine. A request was submitted for neuromuscular stimulator.

The MTUS Chronic Pain Medical Treatment Guidelines do not recommend use of neuromuscular electrical stimulation (NMES) devices. The guidelines state that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Overall, there are no intervention trials suggesting benefit from NMES for chronic pain. The records submitted and reviewed do not document the employee has sustained a stroke. Therefore, the requested device is not consistent with the guideline recommendations. **The request for neuromuscular stimulator is not medically necessary and appropriate.**

2) Regarding the request for electrodes:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Environmental and Occupational Medicine (ACOEM), 2nd Edition, (2004), but did not cite a specific section, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Medical Treatment Guidelines, page 116, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/24/2013 and complains of chronic low back pain. The employee has been treated with analgesic medications, transcutaneous electrotherapy device, topical compounds, and an H-wave device. An MRI of

lumbar spine was notable for disc protrusion at L5-S1 of uncertain clinical significance. The provider's notes dated 1/3/2013 discuss possible treatment with an H-wave device. A progress note dated 6/20/2013 reported the employee's condition is unchanged and she has low back pain radiating into the right calf. On physical examination, the employee had decreased range of motion and tenderness about the lumbar spine. A request was submitted for electrodes.

The MTUS Chronic Pain Medical Treatment Guidelines do not recommend use of neuromuscular electrical stimulation (NMES) devices. The guidelines state that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Overall, there are no intervention trials suggesting benefit from NMES for chronic pain. The records submitted and reviewed do not document the employee has sustained a stroke. Therefore, the requested NMES device and electrodes are not consistent with the guideline recommendations. **The request for electrodes is not medically necessary and appropriate.**

3) Regarding the request for replacement batteries for TENS:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Environmental and Occupational Medicine (ACOEM), 2nd Edition, (2004), but did not cite a specific section, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Medical Treatment Guidelines, page 116, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/24/2013 and complains of chronic low back pain. The employee has been treated with analgesic medications, transcutaneous electrotherapy device, topical compounds, and an H-wave device. An MRI of lumbar spine was notable for disc protrusion at L5-S1 of uncertain clinical significance. The provider's notes dated 1/3/2013 discuss possible treatment with an H-wave device. A progress note dated 6/20/2013 reported the employee's condition is unchanged and she has low back pain radiating into the right calf. On physical examination, the employee had decreased range of motion and tenderness about the lumbar spine. A request was submitted for replacement batteries for TENS.

The MTUS Chronic Pain Medical Treatment Guidelines support purchase of a TENS unit if there is evidence of a successful one-month trial of a TENS unit, including favorable outcomes in terms of pain relief and function. The records submitted and reviewed do not document evidence that the employee has reported pain relief or improved function. The most recent progress report reports the employee's condition remains unchanged, which does not demonstrate the efficacy of the previously dispensed TENS unit. **The request for replacement batteries for TENS 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

/sab

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.