

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	11/12/2009
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003449

- 1) MAXIMUS Federal Services, Inc. has determined the request for **TENS unit purchase, with 3 months supplies is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy 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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 **TENS unit purchase, with 3 months supplies is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **additional physiscal therapy 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 9, 2013.

The Appeal letter by Dr. [REDACTED] dated July 3, 2013, noted the claimant had sustained a lumbar musculoligamentous sprain and strain, with minimal disc bulges noted on MRI, and a laminectomy, foraminotomy, and discectomy had been completed. In addition, eight sessions of physical therapy were completed in April 2013, with marginal benefit. Additionally the medications Norco, diazepam, and gabapentin are being prescribed. It was noted the claimant had returned to the clinic on May 16, 2013, with complaints of low back pain. In the requesting provider's appeal response, he cited the Official Disability Guidelines and MTUS supporting TENS. However, there is no notation of a one-month trial to support the utility of this request. The request was noted for a purchase, with three months of supplies, without objectification of any relative expectation of success. This reviewer spoke with Dr. [REDACTED] who stated the claimant should have had a TENS unit trial, but did not have that information available, and could not definitively report the trial dates or outcome. Based on these findings, the request for the purchase of a TENS unit, as well as three months of supplies, is not medically necessary or appropriate and is therefore recommended for non-certification.

Relative to the request for additional physical therapy, it is noted 14 postoperative physical therapy visits have been completed. In that up to 16 visits may be completed, as per the MTUS, up to two additional sessions, to instruct the claimant in a home exercise program, would be supported. However, there are no significant functional deficits or objective findings to support the need for the remaining six sessions, of the eight sessions requested, which would exceed the current evidence based medical guidelines. Therefore, the request for additional physical therapy, two sessions, is certified, and the remaining six sessions, of the eight sessions requested, are recommended for non-certification.

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 7/9/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for TENS unit purchase, with 3 months supplies:

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 114-115, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS, page 114-116, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that the criteria for purchase of a TENS unit include evidence of successful one-month trial of said TENS unit, as an adjuvant to ongoing treatments within the functional restoration approach, in those employees with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including analgesic medications have been tried and/or failed. The medical records provided for review indicate that the documentation on file, while admittedly incomplete at times, does seemingly establish the presence of a successful one-month trial of said TENS unit. The attending provider notes that the employee has reported reduced pain through prior usage of the same, states that TENS unit is facilitating home exercise and states that the employee intends to use the TENS unit at work so that the usage of pain medications can be minimized while at work. **The request for a TENS unit purchase, with 3 months supplies is medically necessary and appropriate.**

2) Regarding the request for additional physical therapy:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back, Table 2, Summary of Recommendations, Low Back Disorders, Post-Surgical Treatment Guidelines (2009), discectomy/laminectomy, which are a part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back, Table 2, Summary of Recommendations, Low Back Disorders, the Post-Surgical Treatment Guidelines (2009), discectomy/laminectomy, and the Chronic Pain Medical Treatment Guidelines, pg. 8, 99, which are part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, which are not part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate that a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts is recommended. The medical records provided for review indicate the employee is documented to have these conditions. The medical records provided for review indicate that the employee has had treatment seemingly in excess of these amounts of recommended sessions. Additionally, ACOEM Guidelines indicate that the value of physical therapy increases with a clear description of goals, lesions and diagnoses, etc. The medical records provided for review indicate that no such treatment goals have been clearly conveyed and/or described. There are no clear goals for further physical therapy clearly stated by the treating provider. The medical records provided for review indicate that the employee has seemingly reached a plateau with prior physical therapy treatment in terms of work status, work restrictions, and/or reliance on medical treatment. Guidelines suggests that there should be ongoing evidence of functional improvement, so as to justify continued treatment. The medical records provided for review indicate that there is no such evidence documented. The employee's work status does not appear to have materially changed for the better from visit to visit. **The request for additional physical therapy, 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

/ejf

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.