MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/4/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/3/2013
Date of Injury:	8/26/1999
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004466

1) MAXIMUS Federal Services, Inc. has determined the request for **neuro stimulator times three units; continuous percutaneous electrical stimulator of the peripheral nerves over four day period is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **neuro stimulator times three units; continuous percutaneous electrical stimulator of the peripheral nerves over four day period 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.

Expert Reviewer Case Summary:
All 105 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [redacted], is a represented [redacted] who has filed a claim for chronic low back pain, myofascial pain syndrome, and hypertension reportedly associated with industrial injury of August 26, 1999.

Thus far, Mr. [redacted] has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; blood pressure lowering medications; and unspecified amounts of physical therapy.

The most recent note on file is a June 11, 2013 note in which it is stated that the applicant has an elevated blood pressure of 160/101. The applicant is presently on Tylenol No. 4 and Norvasc. The applicant apparently had a language barrier which complicated participation in physical therapy. The applicant reports persistent low back, neck, and bilateral lower extremity pain. The applicant is asked to obtain percutaneous electrical neurostimulation device to try and decrease pain medication consumption.

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 neuro stimulator times three units; continuous percutaneous electrical stimulator of the peripheral nerves over four day period :**

   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, Percutaneous electrical nerve stimulation (PENS), which is part of the California Medical Treatment Utilization Schedule (MTUS).

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Percutaneous electrical nerve stimulation (PENS), pg. 97, which is part of the California Medical Treatment Utilization Schedule (MTUS).

   Rationale for the Decision:
   Chronic Pain Medical Treatment Guidelines indicate there is a lack of high-quality evidence to prove long-term efficacy as far as PEN stimulators are concerned, and that PENS should not be used as a primary treatment modality but rather used in conjunction with a program of functional restoration in those individuals who have tried and failed other non-surgical treatments such as analgesic medications, physical therapy, therapeutic exercise, AND a third-line TENS unit. In this case, however, there is no evidence that a third line TENS unit has been tried and/or failed. It is further noted that there is no evidence that the employee intends to use the PENS unit as an adjunct to a program of functional restoration. The guideline criteria have not been met. **The request for neuro stimulator times three units; continuous percutaneous electrical stimulator of the peripheral nerves over four day period 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

/ldh

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.