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

Notice of Independent Medical Review Determination

Dated: 11/26/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	11/21/2006
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005328

1) MAXIMUS Federal Services, Inc. has determined the request for TENS Unit **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for neurosurgical consultation **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of the bilateral lower extremities **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for psych evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for neurosurgical consultation **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of the bilateral lower extremities **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for psych evaluation **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 Physical Medicine and Rehabilitation, 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:
The patient is a 54-year-old female who reported injury on 09/20/2004, 11/09/2005, and 11/21/2006. The patient has had injections, and has decreased range of motion upon reviewed examination notes. She is noted to have a positive compression test. Treatments have consisted of acupuncture and injections per documentation. The examination of 02/18/2013 revealed that the patient has myotome testing that revealed the patient has 5/5 strength in the lumbar spine. The patient had dermatome plantar teting that was hypoesthetic in right L1-S1 dermatomes. The straight leg raise was noted to be positive bilaterally and the patient had a positive Kemp's test. The patient was noted to be prescribed a TENS unit for symptomatic relief. An EMG to rule out neurologic deficit because of neurologic findings and a psychological evaluation for stress, anxiety, depression, and sleeplessness secondary to industrial injury and pain

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 Sedgwick
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** TENS Unit**:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the California MTUS guidelines, page 114, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 114-116, TENS, which is a part of the MTUS.

Rationale for the Decision:
A review of the records indicates that this request was previously denied as it was agreed to hold off on other treatments or diagnostic tests until the employee had completed conservative care including acupuncture. California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality for chronic pain. The documentation submitted for review indicated the employee would be using the TENS unit for symptomatic pain, however, it failed to provide the employee's symptoms. Additionally, it failed to provide that the employee would be using the TENS unit as an adjunct to a program of evidenced based functional restoration. Clinical documentation submitted for review failed to support the necessity for the requested treatment and it failed to provide exceptional factors to warrant nonadherence to guideline recommendations. **The request for TENS unit is not medically necessary and appropriate.**

2) **Regarding the request for neurosurgical consultation:**
Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg, Surgical Considerations, pg. 305-306.

Rationale for the Decision:
A review of the records indicate that this request was previously denied as the medical necessity was not established and it was stated it is unlikely the employee would be a surgical candidate prior to undergoing conservative treatment to address the increase in subjective complaints. CA MTUS/ACOEM Guidelines state that a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review, while indicating the employee is being referred to a physician for neurosurgical consultation, failed to provide the necessity for the evaluation. **The request for neurosurgical consultation is not medically necessary and appropriate.**

3) **Regarding the request for EMG/NCV of the bilateral lower extremities:**

Section of the Medical Treatment Utilization Schedule (MTUS) 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) guidelines, Chapter 12, table 12-8 and page 303.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303-305 Special Studiea and Diagnostic and Treatment Considerations, which is a part of the MTUS,and on the Official Disability Guidelines (ODG), Low Back Chapter, Online Version, Nerve Conduction Studies (NCS), which is not a part of the MTUS.

Rationale for the Decision:
A review of the records indicates that this request was previously denied as the use of EMG/NCS testing indicated that it is helpful in identifying low back pathology for disc protrusion but not for strain, cauda equina syndrome, spinal stenosis or postlaminectomy syndrome and the employee should be afforded a brief course of treatment prior to diagnostic testing. CA MTUS/ACOEM Guidelines recommend electromyography to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks, it does not address nerve conduction studies, Official Disability Guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated that the employee needed an EMG to rule out neurologic deficit because of neurologic findings. The documented examination findings were noted to be dermatome plantar testing that was hypoesthetic in right L5-S1 dermatomes on the examination note of 2/18/2013, however, it failed provide a re-assessment on 04/08/2013 to support the request and clinical documentation failed to include that the employee has failed prior treatment. The employee was noted to have a positive straight leg raise bilaterally. Which, combined with the hypesthetic findings of the dermatomes, fail to support the necessity for an NCV. **The request for EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.**

4) **Regarding the request for psych evaluation:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence-based criteria for its decision.

The Expert Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg. 63, consultations and pg. 65, Referrals, which is a part of the MTUS.

Rationale for the Decision:
A review of the records indicates that this request was previously denied as the most recent evaluation failed to reveal significant complaints of anxiety or depression. CA MTUS/ACOEM Guidelines recommend a referral if the practitioner is uncomfortable with treating a particular case of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The clinical documentation submitted for review fails to provide an assessment which includes the employee complaints of insomnia, anxiety or depression related to the injury. It fails to provide documented necessity for the request. **The request for psych evaluation 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

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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.