

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	4/9/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007148

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for purchase of one (1) interferential unit **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for purchase of electrodes (18 pairs/units) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 retrospective request for **purchase of one (1) interferential unit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for purchase of electrodes (18 pairs/units) **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 35 Y, F with a date of injury on 4/9/08. The initial evaluation report dated 2/7/13 by Dr. [REDACTED] M.D. noted that that patient's diagnoses included: cervical radiculopathy and myofascial pain syndrome. The patient complained of neck pain which travels to her left arm and upper back. The patient also complained of left elbow pain which radiates to the left hand. The patient reported that she had tried physical therapy in the past and did not recall the number of sessions. Acupuncture 3x4 and a trial with a TENS unit was recommended. The progress report dated 3/7/13 by Dr. [REDACTED], M.D. noted that the patient was using the TENS unit, however no discussion was made as to any benefits the patient was receiving from it. No other progress reports were provided for review with any documentation regarding TENS unit therapy or interferential unit therapy.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for purchase of one (1) interferential unit:

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 CA MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS), pgs. 118-120, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The progress report dated 3/7/13 noted that the employee was using the TENS unit which was recommended the prior month, however no discussion was made as to any benefits the employee was receiving from it. No other progress reports were provided for review with any documentation regarding TENS unit therapy or interferential unit therapy. This case does not meet the MTUS criteria for the use of interferential stimulation. **The retrospective request for purchase of one (1) interferential unit is not medically necessary and appropriate.**

2) Regarding the retrospective request for purchase of electrodes (18 pairs/units):

Since the retrospective request for purchase of one (1) interferential unit is not medically necessary, **none of the associated services are 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.