

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/10/2013

Date of Injury:

4/12/2012

IMR Application Received:

7/22/2013

MAXIMUS Case Number:

CM13-0002338

- 1) MAXIMUS Federal Services, Inc. has determined the request for **case management (coordination of care) is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TENS patches is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 **case management (coordination of care)** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **TENS patches** 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.

Clinical Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 7/9/2013.

“The patient is a 46 year old male with a date of injury of 4/12/2012. Under consideration is a prospective review for 1 case management (coordination of care) and 1 TENS patches.”

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for case management (coordination of care):

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), which is part of the MTUS.

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

Rationale for the Decision:

The CA MTUS does not mention case management except in the context of a functional restoration or chronic pain program. The ACOEM guidelines in Chapter 5, Cornerstones of Disability Prevention, do have provisions for case management for coordination of care in complex cases. Given the guidelines and the fact that this employee has an extended course of chronic pain and mood disorder requiring multidisciplinary management, the request for case management is recommended for certification. **The request for case management (coordination of care) is medically necessary and appropriate.**

2) Regarding the request for TENS patches:

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), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), TENS, chronic pain (transcutaneous electrical nerve stimulation), which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence, including diabetic neuropathy and post-herpetic neuralgia. Phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm.

The employee does not meet criteria for TENS because none of the diagnostic conditions listed in the Chronic Pain Medical Treatment Guidelines are met. This

employee carries a diagnosis of chronic low back pain, lumbar facet arthropathy, lumbar herniated discs, headache, and neck pain. **The request for TENS patches 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.