

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:	2/29/2012
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003213

- 1) MAXIMUS Federal Services, Inc. has determined the request for A-Stimulation Interferential therapy for lumbar - rental for thirty days **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 7/3/2013. 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 A-Stimulation Interferential therapy for lumbar - rental for thirty days **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013.

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The patient is a 43-year-old male who sustained an injury secondary to an unspecified mechanism on 2/29/12. He is currently diagnosed with lumbar sprain/strain with myofascitis. A request was made for A-Stimulation interferential therapy for the lumbar spine (rental for 30 days). The only medical report provided for this review is the 6/13/13 PR-2 report. During this evaluation, the patient presented with low back pain. On physical examination, tenderness and spasms were noted in the lumbar spine. Continuation of aquatic therapy was recommended along with A-stim interferential therapy. According to the referenced guidelines, microcurrent electrical stimulation devices (MENS devices) are not recommended. In addition, failure of other recommended treatment modalities to address the patient's lumbar spine complaints was not objectively documented in the submitted records. Based on these grounds, the medical necessity of this request is not substantiated.

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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 on 07/25/2013
- Utilization Review Determination from [REDACTED] (dated 07/09/2013)
- Employee medical records from [REDACTED] (dated 08/12/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for A-Stimulation Interferential therapy for lumbar - rental for thirty days:

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 Guideline, which is part of MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG) (2009), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 120, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines states, "While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway includes pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects or history of substance abuse or significant pain from postoperative conditions limits the ability to perform exercise program/physical therapy treatment or unresponsive to conservative measures." The medical records provided for review does not show evidence of what the employee's current medication regimen consisted of, injection therapy having been utilized, or other active treatment modalities such as chiropractic care, acupuncture, or massage therapy. **The request for A-Stimulation Interferential therapy for lumbar - rental for thirty days is not medically necessary or 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

/mb

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.