

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/28/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004298

- 1) MAXIMUS Federal Services, Inc. has determined the request for Orthostim4 electric muscle stimulator with conductive garment, supplies and electrodes **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a psychiatric consultation **is 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 7/15/2013. 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 Orthostim4 electric muscle stimulator with conductive garment, supplies and electrodes **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a psychiatric consultation **is 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:

CLINICAL SUMMARY: The 54 year old patient reported an industrial injury to the low back on 8/28/2012, 11 months ago attributed to the performance of his customary job tasks when he reportedly lifted a case of beer. The claims adjuster reported that only the lower back was accepted for the industrial claim.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for Orthostim4 electric muscle stimulator with conductive garment, supplies and electrodes:**

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, Transcutaneous electrotherapy, pg. 115, Interferential Current Stimulation, pgs. 118-121, which are part of the California Medical Treatment Utilization Schedule. The Claims Administrator also based its decision

on the Official Disability Guidelines (ODG), Pain Chapter, & Lower Back Chapter, The Blue Cross Guidelines, and AETNA Guidelines, which are not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation (NMES devices), pg. 121, Galvanic Stimulation, pg. 117, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Several of the modalities which comprise the requested device are specifically not recommended by the Chronic Pain Medical Treatment Guidelines. For example, neuromuscular stimulation, one of the components in the device, is specifically not recommended in the chronic pain context present here, and suggests that NMES should only be employed in the post stroke rehabilitative context. In this case, there is no evidence that the employee has sustained or suffered a stroke. Similarly, another modality which comprises the device, namely high volt galvanic stimulation, is also not recommended and considered investigational for all purposes. **The request for Orthostim4 electric muscle stimulator with conductive garment, supplies and electrodes is not medically necessary and appropriate.**

2) Regarding the request for a psychiatric consultation:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Stress Related Conditions, Chapter 15, pg. 398; Chapter 6, pg 115, and the Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, pgs. 100-101, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims administrator also based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain Chapter (2008) pgs. 224-226, and the Official Disability Guidelines (ODG), Mental Stress Chapter; Pain Chapter, which are not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Stress Related Conditions, Chapter 15, pg. 398, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM Guidelines indicate a specialty referral may be indicated in those individuals whose mental health symptoms continue for more than six to eight weeks. In this case, the employee is over a year removed from the date of injury and does apparently have ongoing and persistent mental health complaints which do warrant the attention of a psychiatrist. The employee's allegations of depression and insomnia do warrant the added expertise of a provider specializing in mental health. The guideline criteria have been met. **The request for a psychiatric consultation is 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.