

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: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/30/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004498

- 1) MAXIMUS Federal Services, Inc. has determined the request for **localized intensive neurotransmitter therapy 2 times a week for 3 weeks to the lumbar spine, qty: 6** is not 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **localized intensive neurotransmitter therapy 2 times a week for 3 weeks to the lumbar spine, qty: 6** 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 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: All 257 pages of medical, insurance, and administrative records provided were reviewed.

The claimant, Ms. [REDACTED], is a represented [REDACTED] employee, who has filed a claim for right hand, right wrist, unspecified amounts of acupuncture; unspecified amounts of physical therapy; at least one lumbar epidural steroid injection; unspecified amounts of extracorporeal shockwave therapy; and low back pain reportedly associated with cumulative trauma at work.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work.

The review of the record suggests that the applicant underwent at least three prior sessions of extracorporeal shockwave therapy, including most recently on April 29, 2013.

Prior notes of January 18, 2013 and February 27, 2013 suggest that the applicant remains off of work, on total temporary disability.

A subsequent note of May 24, 2013 again reiterates that the applicant is off of work, on total temporary disability.

A further note of June 10, 2013 again reiterates that the applicant is off of work, on total temporary disability, and has had extracorporeal shockwave therapy to the feet. Said June 10, 2013 note is handwritten, difficult to follow, notable for multifocal tenderness about the hand, low back and feet. The applicant is asked to pursue additional ESWT while remaining off of work, on total temporary disability.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for localized intensive neurotransmitter therapy 2 times a week for 3 weeks to the lumbar spine, qty: 6 :**

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, percutaneous electrical nerve stimulation, page 97, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation, page 97, which is part of the MTUS.

Rationale for the Decision:

Page 97 of the MTUS Chronic Pain Guidelines does deem PENS a fourth-line therapy. While PENS may be supported on a trial basis, used as an adjunctive program of functional restoration after other nonsurgical treatments such as physical therapy, therapeutic exercise, AND a TENS unit have been tried and/or failed, in this case, there is no evidence that these forms of treatments, including home exercises, physical therapy, AND a conventional TENS unit have been tried and/or failed. No compelling rationale is attached to the request for authorization. **The request for localized intensive neurotransmitter therapy 2 times a week for 3 weeks to the lumbar spine, quantity 6 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

/bh

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.