

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 7/23/2011
IMR Application Received: 8/1/2013
MAXIMUS Case Number: CM13-0005583

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant, Mr. [REDACTED] is a represented [REDACTED] [REDACTED] who has filed a claim for chronic low back pain, neck pain, mid back pain, upper extremity pain, stress, anxiety, and psychological stress reportedly associated with cumulative trauma at work, first claimed on July 23, 2011.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; attorney representation; one prior cervical epidural steroid injection; psychological counseling; psychotropic medication; work restrictions; a prior cervical epidural steroid injection on June 21, 2013.

Electrodiagnostic testing of May 14, 2013, interpreted as negative for any cervical radiculopathy. An MRI of the cervical spine on January 2, 2013, notable for a 3 mm disc osteophyte complex at C4-C5 with associated abutment of the right exiting cervical nerve root.

A prior note of May 30, 2013, did suggest that the claimant had returned to modified work as of that date.

Specifically reviewed is a utilization review report of July 29, 2013, in which an epidural steroid injection and electrical muscle stimulator are non-certified.

A July 2, 2013, progress note suggests that the claimant exhibits aching pain. He has had a prior epidural steroid injection on June 21, 2013. The claimant states that his pain is diminished. He exhibits a positive Spurling maneuver about the neck, coupled with diminished cervical range of motion. Upper extremity strength ranges from 4-5/5 about the right. There is some evidence of decreased sensorium about the C5 dermatome.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The electrical muscle stimulation unit 30 day trial is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Neuromuscular Electrical Stimulation, (NMES Devices), pg 121, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that neuromuscular stimulation is used primarily as part and parcel of the rehabilitation program following a stroke. While neuromuscular stimulation is recommended in the post-stroke rehabilitation context, it is not recommended in the chronic pain context which medical records reflect would be the reason the employee would be receiving the treatment presented in this case. **The request for electrical muscle stimulation unit 30 day trial is not medically necessary and appropriate.**

/pas

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.

[REDACTED]
[REDACTED]
[REDACTED]

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