MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/12/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	3/9/2011
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005713

1) MAXIMUS Federal Services, Inc. has determined the request for **three month supply of electrodes A4556(12pks)** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **three month supply of batteries A4630 (36)** is not **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **three month supply of adhesive remover towels - mint A4456 (48)** is not **medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **purchase of one of TT and SS leadwire A4557(1)** is not **medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **shipping and handling charge** is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 **three month supply of electrodes A4556(12pks)** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **three month supply of batteries A4630 (36)** is not **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **three month supply of adhesive remover towels - mint A4456 (48)** is not **medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **purchase of one of TT and SS leadwire A4557(1)** is not **medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **shipping and handling charge** 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:

The applicant, Ms. [redacted], is a represented [redacted] bank teller who has filed a claim for anxiety, psychological stress, and chronic low back pain reportedly associated with an industrial injury of March 9, 2011.

Thus far, she has been treated with the following: Analgesic medications; facet joint blocks; transfer of care to and from various providers in various specialties; topical compounds; medical foods; extensive periods of time off work; and total temporary disability.

A work status report of July 30, 2013, suggested the applicant remains off work.

On July 22, 2013, a utilization review report, the claims administrator denied a request for three-month supply of electrodes, batteries, and lead wires apparently associated with the previously provided TENS unit.

A prior note of July 3, 2013, is notable for comments that the applicant has consulted a spine surgeon, and was informed that she is a candidate for a four-level fusion surgery. The applicant reports persistent low back pain radiating to legs, sleep deprivation, stress, anxiety, and depression. She is asked to continue with home therapy and remain off 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 three month supply of electrodes A4556(12pks):**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator did not provide any evidence-based criteria for its decision.

   The Expert Reviewer based his/her decision on the Chroni Pain Maedical Treatment Guidelines, pg 116 of 127, which is a part of the MTUS.

   Rationale for the Decision:
   After a review of the medical records provided, it appears that the employee was provided with a TENS unit at some point in the past, there is seemingly no evidence of ongoing functional improvement through prior usage of the TENS unit. There is no evidence that the employee has effected any kind of functional improvement through prior usage of TENS unit in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. The employee remains on total temporary disability, which argues against functional improvement through prior usage of the TENS unit. Since the TENS unit was previously ineffective, purchasing electrodes for the same is not indicated here. **The request for a three month supply of electrodes A4556 (12 pks) is not medically necessary and appropriate.**

2) **Regarding the request for three month supply of batteries A4630 (36):**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3) **Regarding the request for three month supply of adhesive remover towels - mint A4456 (48):**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4) **Regarding the request for purchase of one of TT and SS leadwire A4557(1):**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

5) **Regarding the request for shipping and handling charge:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

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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.