

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	5/29/2009
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006898

- 1) MAXIMUS Federal Services, Inc. has determined the request for **laboratory tests (unspecified) at next visit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60-day rental of an interferential unit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **laboratory tests (unspecified) at next visit is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60-day rental of an interferential unit 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, Mr. [REDACTED] is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, bilateral shoulder pain, and diabetes mellitus reportedly associated with an industrial injury of May 29, 2009.

Thus far, he has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of aquatic therapy; a TENS unit; extensive periods of time off from work, on total temporary disability. A March 6, 2013, note suggests that the applicant is off of work, on total temporary disability.

In a utilization review report of July 26, 2013, the claims administrator denied an interferential therapy 60-day rental and unspecified lab tests.

In a July 9, 2013, pain management note, the applicant presents with multifocal neck and low back pain radiating to the bilateral lower extremities, 7-9/10. The applicant reports that a conventional TENS unit was tried and failed. The applicant is given refills of Neurontin, tramadol, and Naprosyn. He is asked to try an interferential unit and obtain unspecified laboratory testing.

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 laboratory tests (unspecified) at next visit:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence based guidelines.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Routine Suggested Monitoring, page 70, which is a part of MTUS.

Rationale for the Decision:

While page 70 of the Chronic Pain Medical Treatment Guidelines does endorse routine laboratory monitoring such as complete blood count (CBC), chemistry profile, and blood pressure evaluation in those individuals using NSAIDs chronically, in this case, the attending provider did not state which lab tests he intends to perform. The independent medical review system does not afford the reviewer with the opportunity to issue conditional or qualified certifications. **The request for laboratory tests (unspecified) at next visit is not medically necessary and appropriate.**

2) Regarding the request for 60-day rental of an interferential unit:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence based guidelines.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS), Page 120, which is a part of MTUS.

Rationale for the Decision:

While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly endorse usage of interferential stimulation in those individuals in whom pain is inadequately controlled with analgesic medications, the Chronic Pain Guidelines suggest a 30-day or 1-month trial as opposed to a 60-day or 2-month trial. In this case, the attending provider did not furnish a clear rationale for provision of a 2-month trial. It is noted that the documentation would have supported a 1-month trial of interferential stimulator, if the attending provider did successfully make the case that the applicant's pain has not been effectively controlled despite usage of several analgesic and adjuvant medications.

The request for 60-day rental of an interferential unit 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

/hs

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.