

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS) / Electronic Muscle Stimulator (EMS) Unit and 2 months supplies to use with TENS/EMS **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 requested Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS) / Electronic Muscle Stimulator (EMS) Unit and 2 months supplies to use with TENS/EMS **are 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Primary Treating Physician's Initial Evaluation Report dated March 15, 2013.

Mechanism of Injury

Continuous Trauma 02/2013 to Present.

Mr. [REDACTED] states his continuous trauma injuries to the right shoulder, right arm and upper back were caused during the course of performing his normal job duties, which included but were not limited to the repetitive nature of his work as a cook. The patient would clean the kitchen, prepare and cook food, go in and out of a walk in freezer. He states he continued to work his shift after the injury.

He reported his injury to [REDACTED], his manager. The patient states he reported the injury to his employer before he went home. He was not informed by his employer that he had to fill out paperwork for workers' compensation when he reported the injury.

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 4/18/13)
- Letter to MAXIMUS from [REDACTED] (dated 5/9/13)
- Employee's Pharmacy Receipts from [REDACTED] (dated 3/8/13)

- Request for Authorization for Medical Treatment by [REDACTED] (dated 3/18/13)
- Request for Authorization by Dr. [REDACTED], M.D. (dated 4/25/13)
- Neurodiagnostic Order Form by Dr. [REDACTED], M.D. (dated 4/23/13)
- 2 Requests for Authorization by [REDACTED] (dated 4/2/13)
- Primary Treating Physician's Initial Evaluation Report by [REDACTED] (dated 3/15/13)
- Employee's Work Status Report by [REDACTED] (dated 3/15/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines – Pages 299-301; Tables 11-5, 12-5, 12-8
- Chronic Pain Medical Treatment Guidelines (2009) – TENS Section; Neuromuscular Electrical Stimulation (NMES) Section

1) Regarding the request for Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS) / Electronic Muscle Stimulator (EMS) Unit and 2 months supplies to use with TENS/EMS:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) – TENS Section (pages 114-116), which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the requested treatment.

Rationale for the Decision:

The employee had a continuous trauma injury from February 2013 to 3/5/2013. At the initial visit on 3/15/2013, the provider documented pain and numbness in the right shoulder, elbow and hand, neck, and upper back. The requesting provider apparently ordered the TENS/EMS unit from the initial visit. No medical records from any subsequent visit were provided.

The Chronic Pain Medical Treatment Guidelines give specific criteria for TENS unit necessity. The employee does not meet any of these criteria. The employee's pain has not been present for 3 months and there is no evidence that other pain modalities have been tried and failed. A two month rental of a TENS/EMS is not supported without a one-month trial of efficacy. The requested Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS) / Electronic Muscle Stimulator (EMS) Unit and 2 months supplies to use with TENS/EMS 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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 employee and the employee's physician. MAXIMUS is not liable for any consequences arising from these decisions.