

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: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/17/2013
Date of Injury:	3/25/2013
IMR Application Received:	5/30/2013
MAXIMUS Case Number:	CM13-0000517

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS unit with HAN programs and supplies for 3 months **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 a TENS unit with HAN programs and supplies for 3 months **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 10, 2013:

“The patient is a 36-year-old male who sustained a work-related injury on 03/25/13. The patient was reportedly lifting an 80-90 pound metal tube when he turned his body and felt a sharp pain on the left side of his lower back, which went down his left leg. The patient was seen on 03/25/13 at U.S. Health Works. He was diagnosed with lumbar strain. He followed up on 03/27/13 and 03/29/13. He was given pain medications. He was redirected to occupational medicine and first seen on 04/02/13 by Dr. [REDACTED]. The patient complained of pain located in his lower back rated at 5/10. Examination revealed tenderness to palpation of the left paraspinal musculature with spam present. Range of motion for flexion was 45, extension 0, and left and right lateral bending 15 degrees. Straight Leg Raise testing was positive on the left and negative on the right. Sensation was decreased to the lateral left foot and slightly decreased in strength of EHL on left. The patient was diagnosed with a lumbar sprain, and sciatica-neuralgia or neuritis of the left sciatica. The treatment plan included hydrocodone and Ibuprofen. The patient was also placed on Tramadol. Ice/heat application as well as stretching exercises were recommended. The patient was placed off work and physical therapy was requested. The patient failed to improve with an initial trial of conservative medical treatment and then evaluated by the therapist. It was noted that treatment and expected duration of therapy was 2 weeks. Per Dr. [REDACTED] note dated 04/12/13, the patient described his pain as an aching with a numbness sensation. He stated he felt it was not improving but he was taking medication as directed and felt it was helping to reduce his symptoms. The patient stated that the physical therapy had helped to improve his symptoms. He currently had 2 sessions remaining. He stated that he continued to note significant low back pain primarily on the left side and that the numbness sensation on the left leg persisted and most likely worsened. He stated that he had experienced buckling of the left knee occasionally. On examination, there was tenderness to palpation of the left paraspinal musculature and there were muscle spasms present. Range of motion was flexion to 30

degrees, extension 0, left and right lateral bend 15 degrees. Straight leg raise was positive on the left and negative on the right. Diagnosis was lumbar sprain, Sciatica left. It was noted that Tramadol was ineffective and Hydrocodone was effective without adverse reaction reported. It was noted that physical therapy was ineffective to date. A lumbar spine MRI was requested with a TENS unit.”

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 (received 5/30/2013)
- Utilization Review Determination from [REDACTED] (dated 5/17/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a TENS unit with HAN programs and supplies for 3 months:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, page 300, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/25/2013 resulting in lumbar strain. The medical records provided for review indicate treatments have included medications, ice/heat application, and physical therapy. The request is for a TENS unit with HAN programs and supplies for 3 months.

The ACOEM guidelines states that there is no proven efficacy of TENS in treating low back complaints. The guideline does not support the request. The request for a TENS unit with HAN programs and supplies for 3 months **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

/slm

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.