

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: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/24/2013
Date of Injury:	3/26/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000623

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS Unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 24, 2013:

“The documentation states that the claimant was on a ladder pulling down cases of beer to stock the shelves, lost balance, and fell to the floor, landing on the back. The claimant complains of burning pain in the posterior aspect of the right thigh with intermittent numbness and tingling in the right heel, and numbness in the toes of the right foot and plantar aspect of the right foot. The claimant complains of intermittent feeling of a cold draft on the right calf. Absence of the right ankle reflex is noted, as is the decreased sensation in light touch in the right calf and posterior thigh. MRI of the lumbar spine revealed bilateral L5-S1 foraminal narrowing. X-rays revealed no acute fracture. The claimant has trialed activity modification, medications, and physical therapy. Current request is for 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 6/10/13)
- Utilization Review Determination from [REDACTED] (dated 5/24/13)
- Employee Medical Records from [REDACTED] (received 8/21/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a TENS Unit:

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), 2nd Edition, (2004), Chapter 12, pg.300, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, TENS section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), TENS section, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 03/26/13 resulting in burning pain in the posterior aspect of the right thigh with intermittent numbness and tingling in the right heel, and numbness in the toes of the right foot and plantar aspect of the right foot. The medical records provided for review indicate treatments have included activity modifications, medications, and physical therapy. A request for a TENS unit was submitted.

The California MTUS Chronic Pain Medical Treatment Guidelines list specific criteria's for a TENS unit. This includes documentation of pain for at least three months duration. The clinical notes provided and reviewed indicate the employee has tried other modalities; however, the employee did not have over three month's pain duration at time of request. The employee only had two months duration of pain. The clinical notes also fail to document that a one month trial has been made of the TENS unit. The request for a TENS Unit **is not medically necessary or 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

/skf

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.