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

Notice of Independent Medical Review Determination

Dated: 12/24/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	8/7/2013
Date of Injury:	1/23/2012
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011289

1) MAXIMUS Federal Services, Inc. has determined the request for **one-month TENS unit trial is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **one-month TENS unit trial is 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 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:
This patient is a 47-year-old male with an underlying date of injury of 01/23/2012. His reported diagnoses include a lumbar sprain, bulging disc at L5-S1 with degenerative disc disease, and left-sided S1 nerve root irritation per electrodiagnostic studies. An initial medical review in this case notes that the claimant complained of low back pain with radiation to both lower extremities and decreased S1 dermatomal sensation. That initial determination of 08/07/2013 notes that as of 07/08/2013 the patient complained of low back pain radiating to both lower extremities and that the patient previously had undergone physical therapy. That decision noted that the medical necessity for a TENS unit was established; that decision therefore modified the request, however, for one-month TENS unit trial.

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 one-month TENS unit trial:**

<u>The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines , Transcutaneous Electrotherapy, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Sections on TENS/Chronie Pain and pg. 114, which is part of the MTUS.

Rationale for the Decision:
The Chronic Pain Medical Treatment Guidelines regarding TENS for chronic pain note, “Not recommended as a primary treatment modality, but a one-month home-based TENS trial may considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration” for various forms of neuropathic pain. The specific question at issue is not completely apparent at this time; the prior request was modified for a one-month TENS trial and currently an appeal has been made regarding the necessity of a one-month TENS trial. This employee does clearly have neuropathic pain, and a TENS has been requested as part of an overall functional restorative program. The treatment guidelines do not recommend initial purchase of a TENS unit prior to a successful one-month TENS trial. Therefore, the medical records and guidelines do support the medical necessity for a one-month TENS trial. **The requested one-month TENS unit trial is 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

/sb

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.

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