
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 1/18/2010
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001728

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a TENS unit purchase for the cervical, thoracic, and lumbar areas of the spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 retrospective request for a TENS unit purchase for the cervical, thoracic, and lumbar areas of the spine 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 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.

Case Summary:

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

CLINICAL SUMMARY: A review of medical documentation identifies that the patient sustained an industrial injury on 01/18/10. The documentation does not describe specifics regarding mechanism of injury. The patient has been under the care of treating physician for thoracic sprain/strain, sciatica, sprain of the neck, long-term use of medication. No diagnostic studies were provided for review.

The most recent evaluation provided for review is 06/12/13. The patient presented for follow-up of his low back and lower extremity pain. The patient reports that since last visit, he has been having an increase in pain in his lower back. Patient reports his pain is 7.5/10 with medication. He reports that his pain is mostly located in his lower back and denies radiation of pain or radicular symptoms into his bilateral lower extremities. The patient reports that prolonged sitting, standing, and lying down makes his pain worse. He continues to work full-time and he has been doing more underground at work lately, which he attributes to his increase in pain. The patient reports that he continues to utilize medications with benefit and improved function. He reports that he has been taking up to 5 tablets of buprenorphine a day and that he only takes naproxen once daily. He does inquire about increasing his dosage of buprenorphine. Physical exam demonstrates the patient ambulates to the exam room without assistance. The patient was informed he cannot self-increase his medication and that he should have only been taking 4 tablets daily and should be taking naproxen b.i.d. consistently for its anti-inflammatory effects and sedatives increasing his buprenorphine.

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 (7/16/13)
- Utilization Review from [REDACTED] (7/10/13)
- Medical records submitted by Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)

Date	Provider/Title	Page Range
07/17/2013	[REDACTED]	1-6
07/09/2013	[REDACTED]	7-10
07/03/2013	[REDACTED]	11-12
07/01/2013	[REDACTED]	13
06/13/2013	[REDACTED]	14-15
06/12/2013	[REDACTED]	16
06/12/2013	[REDACTED]	17
06/12/2013	[REDACTED]	18-24
06/12/2013	[REDACTED]	25
05/20/2013	[REDACTED]	26-27
04/18/2013	[REDACTED]	28-30
04/18/2013	[REDACTED]	31
03/27/2013	[REDACTED]	32-33
02/20/2013	[REDACTED]	34-36
01/23/2013	[REDACTED]	37-39
12/12/2012	[REDACTED]	40-41
12/12/2012	[REDACTED]	42-44
12/12/2012	[REDACTED]	45
11/06/2012	[REDACTED]	46-47
10/01/2012	[REDACTED]	48-53
10/01/2012	[REDACTED]	54-61
09/27/2012	[REDACTED]	62-63
08/13/2012	[REDACTED]	64-68
07/13/2012	[REDACTED]	69-71
07/09/2012	[REDACTED]	72-73

1) Regarding the retrospective request for a TENS unit purchase for the cervical, thoracic, and lumbar areas of the spine:

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), pages 114-116, which are 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 employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/18/2010 and has experienced a thoracic sprain/strain, sciatica, neck sprain, low back pain, and lower extremity pain. Treatment has included long term use of medication, which has improved function. A TENS unit was dispensed to the employee on 6/12/2013. A retrospective request was submitted for authorization of the TENS unit.

The MTUS Chronic Pain Guidelines indicate a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS Chronic Pain Guidelines' criteria for the use of TENS include the following: documentation of pain of at least three months duration; evidence that other appropriate pain modalities (including medication) have been tried and failed; a documented one-month TENS trial period (rental preferred over purchase during trial); and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.

The MTUS Chronic Pain Guidelines recommend a trial rental. Per the medical records received and reviewed, when the TENS unit was dispensed by the provider, there was no mention of a trial period, no evidence of neuropathic pain, and no treatment plan was submitted. The TENS unit was dispensed for purchase and all purchases are permanent by definition. The guideline criteria for a TENS unit trial were not met. The retrospective request for a TENS unit purchase for the cervical, thoracic, and lumbar areas of the spine 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

/dj

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