

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/17/2013

Date of Injury:

4/25/2011

IMR Application Received:

7/29/2013

MAXIMUS Case Number:

CM13-0004539

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one TENS unit with supplies (between 06/28/2013 & 08/29/2013) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 TENS unit with supplies (between 06/28/2013 & 08/29/2013) 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 & 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:

The underlying date of injury in this case is dated 04/25/2011. This patient is a 29-year-old woman who has been treated for cervical pain, thoracic pain, and lumbar pain with extension into the right lower extremity. The treating diagnoses include cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar herniated nucleus pulposus, and lumbar radiculopathy. On 06/28/2013, the treating physician evaluated the patient with pain in the neck, the mid back, and the low back with tenderness and reduced motion in these areas. Motor strength was noted to be decreased on the cervical and lumbar spine exams, although this was not quantitated. The patient was noted to have diminished sensation on lumbar exam, although this was not quantitated further. A request was made for a TENS unit with supplies for home use. An initial physician review concluded that the patient did not meet the diagnostic criteria for the use of a TENS device. The patient did not have chronic intractable pain, and specific short-term and long-term treatment goals were not documented.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for one TENS unit with supplies (between 06/28/2013 & 08/29/2013):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (transcutaneous electrical nerve stimulation), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrical Nerve Stimulation (TENS) Section, pg. 114, which is part of the MTUS .

Rationale for the Decision:

MTUS Chronic Pain Guidelines, regarding TENS note, “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, for the conditions described below.” In the medical records submitted for review the employee’s stated conditions are neuropathic pain conditions; in this case, the employee may have a diagnosis of a radiculopathy, though the neurological examination data is not specific, and it is difficult to confirm if the employee had a neuropathic pain diagnosis. More notably, the request at this time is not clearly for a one-month trial of TENS, nor is there a documented plan to utilize TENS as part of an evidence-based functional restoration program. The specific functional restorative goals are not apparent in the available records, and thus it is not clear how the effectiveness of this unit would be monitored. **The request for one TENS unit with supplies (between 06/28/2013 & 08/29/2013) 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.