

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	4/2/2013
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004842

- 1) MAXIMUS Federal Services, Inc. has determined the request for durable medical equipment neurostimulator TENS/EMS unit, with supplies, one month home-based trial **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 durable medical equipment neurostimulator TENS/EMS unit, with supplies, one month home-based trial **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.

### **Expert Reviewer Case Summary:**

The patient has a DOI of 4/2/2013. She tripped over an IV pole and injured her right knee, lower back, and cervical spine. She has a history of lumbar fusion. She has had chiropractic care, physical therapy, and acupuncture. The patient had continued neck pain low back pain and knee constant knee pain with laxity on 6/24/13. She was diagnosed with upper and lower radiculitis. The MRI of cervical spine was normal, lumbar spine showed mild DJD. MRI of the knee showed meniscal tearing.

### **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 durable medical equipment neurostimulator TENS/EMS unit, with supplies, one month home-based trial:**

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section TENS, post operative (transcutaneous electrical nerve stimulation), page 116, which is part of MTUS.

Rationale for the Decision:

CA MTUS chronic pain guidelines regarding TENS indicate treatment should be documented as an adjunct to a functional restoration program. There is no current evidence that shows the provider has set up a program for the employee. There are no specific short or long term goals documented as well. The physician is not even specific as to the body part the unit is supposed to address. Documentation of goals and functional restoration are not evident. **The request for durable medical equipment neurostimulator TENS/EMS unit, with supplies, one month home based trial 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.