

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 2/15/2011  
IMR Application Received: 8/2/2013  
MAXIMUS Case Number: CM13-0006265

- 1) MAXIMUS Federal Services, Inc. has determined the request for X-ray of the thoracic spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for TENS unit rental 180 days **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 X-ray of the thoracic spine is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for TENS unit rental 180 days 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. 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:**

Patient is a 41-year-old male with a date of injury of February 15, 2011. Patient has complaints of back pain joint pain stiffness 11 pain and neck pain. He has had acupuncture chiropractic care and is taking medications. The patient continues to use medications for pain including Lidoderm patches. There is no documentation of previous TENS unit use nor is there a physical exam on the recent progress report indicating red flags for thoracic spine. Previous reports indicated tenderness of the periscapular muscles rhomboids and trapezius. There is no indication of any treatment to the thoracic spine or upper back

### **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 X-ray of the thoracic spine:**

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 ODG-TWC Low Back Procedure Summary, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), pg. 177, which is part of the MTUS.

Rationale for the Decision:

CA MTUS refers to ACOEM 2004 chapter 8 with regards to neck and upper back. ACOEM specific criteria regarding imaging studies. These include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy to a surgical procedure. After a review of the records provided, there is no indication in the record that this employee meets any of these above criteria. **The request for an X-ray of the thoracic spine is not medically necessary and appropriate.**

**2) Regarding the request for TENS unit rental 180 days:**

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-TENS Unit a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-transcutaneous electrotherapy and pg. 114, a part of the MTUS.

Rationale for the Decision:

CA MTUS chronic pain guidelines discuss the use of TENS specifically. CA MTUS chronic pain guidelines discuss the use of TENS not as a primary treatment modality. In addition, there are specific criteria for the use of a TENS unit. Types of pain include neuropathic pain, phantom limb and CRPS, spasticity in spinal cord injury, and MS. TENS may also be used in chronic intractable pain. After a review of the records provided, this employee does not meet any of these diagnoses. In addition, the guidelines state there must be at least a 1 month trial of TENS. And this is only if other modalities have failed. There is no documentation provided to show that the criteria are satisfied. This case does not meet the CA MTUS criteria for TENS. **The request for TENS unit rental 180 days 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.