

**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/19/2004
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0020560

- 1) MAXIMUS Federal Services, Inc. has determined the request for **unknown TENS supplies is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/20/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **unknown TENS supplies 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, has a subspecialty in Interventional Spine 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 IMR application signed on 8/15/13 shows the employee with a 2/19/2004 industrial injury is disputing the 7/16/13 UR decision. The 7/16/13 UR letter is a modification letter from [REDACTED], they approved the Narcosoft, and are denying the "Unknown TENS supplies" and the lumbar x-ray. [REDACTED] reviewed the 6/27/13 letter from [REDACTED] and his 5/8/13 report, but includes a page stating they reviewed his reports back though 2/29/12.

The TENS unit and "supplies" as well as electrodes and batteries appears to be mentioned first on the 11/21/2012 report. The 1/30/13 report states the patient had benefit with the TENS, but the supplies were denied. The 5/8/13 report states the patient still needs TENS supplies. The 6/27/13 appeal letter provides a rationale for TENS, but [REDACTED] is correct in that there is no discussion as to what the "supplies" are. Then there is the 7/17/13 report, that states the patient is out of TENS unit supplies. The TENS unit which he had for 7 years has been extremely beneficial, but has become dilapidated. They will prescribe a new TENS for him, the Pro Stim 5 unit.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for unknown TENS supplies:**

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 Chronic Pain Medical Treatment Guidelines (2009), TENS, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), TENS, pages 114-121, which are part of the MTUS.

Rationale for the Decision:

The request is for medical necessity of “unknown” TENS supplies, with no specific request. [REDACTED] 11/21/12 report indicates “the patient is prescribed TENS supplies. We will also prescribe him electrodes and batteries.” There is not enough information provided to make an informed decision. It is unknown what specifically is requested, and therefore it cannot be compared to MTUS or any guideline without speculation. Since “medical necessity” has been defined as treatment based on MTUS guidelines, this request cannot be confirmed to be in accordance with MTUS and therefore cannot be considered medically necessary. **The request for unknown TENS supplies 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  
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Oakland, CA 94612

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