
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/3/2013
Date of Injury: 2/1/2013
IMR Application Received: 5/24/2013
MAXIMUS Case Number: CM13-000480

- 1) MAXIMUS Federal Services, Inc. has determined the request for TENS unit rental times 30 days with electrodes, assessment and instruction **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one session of physical therapy for assessment and instruction for TENS unit **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/24/2013 disputing the Utilization Review Denial dated 5/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 TENS unit rental times 30 days with electrodes, assessment and instruction **is medically necessary and appropriate.**

- 1) MAXIMUS Federal Services, Inc. has determined the request for one session of physical therapy for assessment and instruction for TENS unit **is 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 3, 2013

“This 42-year-old male sustained an industrial injury on 2/1/13. The mechanism of injury occurred when he tripped over a wood box while carrying boxes of lettuce to his car. His diagnoses were lumbar strain, back spasm and bilateral knee contusion. The PR-2 report, dated 4/25/13, indicated that his back pain and bilateral knee pain was unchanged at 8/10. There was no weakness, numbness or tingling. He had completed 6 chiropractic visits without improvement. He reported temporary relief with a TENS unit, heat patches and Ibuprofen. He was using knee supports and a cane. He was not working. The lumbar MRI showed bilateral pars defect at L5 with grade I anterolisthesis and moderate neuroforaminal narrowing bilaterally with mass effect on L5 nerve root. An orthopedic referral was pending. On exam, he had tenderness and spasms of the thoracolumbar spine with limited flexion and extension. The neurologic exam was normal. He had left lateral knee joint line tenderness and limited knee range of motion (ROM) bilaterally. The knee MRI was negative for internal derangement. TENS unit rental for 30-day trial was requested and medications were continued. He was discharged to modified work with follow-up in 1-2 weeks.”

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 (received 5/24/13)
- Utilization Review Determination (dated 5/3/13)
- Employee medical records from [REDACTED] (dated 2/4/13-4/25/13)
- Employee medical records from [REDACTED] (dated 2/11/13 and 4/12/13)
- Employee medical records from [REDACTED] (dated 4/9/13)
- Employee medical records from [REDACTED] (dated 3/6/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 114-116

1) Regarding the request for TENS unit rental times 30 days with electrodes:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Treatment Guidelines, pgs. 114-116 part of the Medical Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as chronic pain; however, based on the findings of the treating provider, the employee's clinical condition is more appropriately described as sub-acute low back pain. The California Medical Treatment Utilization Schedule, 2009, Chronic Pain Treatment Guidelines is not applicable to the employee's condition; therefore the Expert Reviewer used the American College of Occupational and Environmental Medicine (ACOEM) Guidelines. Chapter 12 – Low Back Complaints, Physical Methods, pg. 300, part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/01/2013. The medical records indicate bilateral knee pain and persistent low back pain. The submitted and reviewed medical records indicate that prior treatment has included: analgesic medications, topical applications of heat and cold, lumbar support, and unspecified amounts of chiropractic therapy and acupuncture. A request was submitted for TENS unit rental times 30 days with electrodes.

ACOEM guidelines note that TENS units are tepidly endorsed in the treatment of acute onset of low back pain, particularly when used in the short-term in conjunction with a program of functional restoration. The medical records reviewed indicate the employee has tried and failed multiple other treatments including chiropractic care, analgesic medications, and topical agents, without relief. ACOEM guidelines support a trial of a TENS unit in this setting. The request for TENS unit rental times 30 days with electrodes is medically necessary and appropriate.

2) Regarding the request for one session of physical therapy for assessment and instruction for TENS unit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Treatment Guidelines. The provider did not dispute the guidelines used by the Claims Administrator, pgs. 114-116 part of the Medical Utilization Schedule (MTUS). The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as chronic pain; however, based on the findings of the treating provider, the employee's clinical condition is more appropriately described as sub-acute low back pain. The California Medical Treatment Utilization Schedule, 2009, Chronic Pain Treatment Guidelines is not applicable to the employee's condition; therefore the Expert Reviewer used the American College of Occupational and Environmental Medicine (ACOEM) Guidelines Chapter 3 – Initial Approaches to Treatment, part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/01/2013. The medical records indicate bilateral knee pain and persistent low back pain. The submitted and reviewed medical records indicate that prior treatment has included: analgesic medications, topical applications of heat and cold, lumbar support, and unspecified amounts of chiropractic therapy and acupuncture. A request was submitted for one session of physical therapy for assessment and instruction for TENS unit.

ACOEM guidelines note the value of therapy, education and instruction increase when a physician provides the therapist with clear and specific goals. The reviewed medical records in this case indicate the attending provider has suggested that the therapist provide the employee with instructions regarding how to apply the TENS unit. The request for one session of physical therapy for assessment and instruction for TENS unit is 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

/srb

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.