

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/5/2013
Date of Injury:	4/11/2013
IMR Application Received:	6/12/2013
MAXIMUS Case Number:	CM13-0000669

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **TENS unit rental for three months is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 6/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 **TENS unit rental for three months 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 Orthopedic Surgery 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:

██████████ is a 35-year-old female who reportedly suffered an injury to her back while lifting a heavy item from a shopping cart at work on 04/11/13. Records reflect treatment for a lumbar injury. It appears from the records that the patient underwent conservative care, but subsequently the patient was referred for surgical consultation as well as pain management. More recently, it appears from the records that surgical intervention was recommended. The request is to determine the medical necessity of a requested TENS unit times three months. Records reflect that their initial request was part of a request for multiple services including a neurologic consult, pain management consult and a requested TENS 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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for TENS unit rental for three months:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS Unit Section, pages 114-116, which is part of the MTUS.

Rationale for the Decision:

Guideline criteria indicates the TENS unit is not considered to be utilized as an isolated intervention, but could be considered as an option for a one month trial as part of a comprehensive rehabilitation program. The request is for well beyond the one month trial. Based on the medical records provided for review, the employee was deemed a surgical candidate. Furthermore, the request would appear to be more isolated and not appropriate as this employee was currently being evaluated for the purposes of surgical intervention for which a TENS unit would not be of value. Based on the medical records provided for review, the request would not have been considered reasonable in this setting, as it appeared to be more of an isolated intervention and not for an employee who was clearly at a crossroads for clinical treatment that would not typically involve the use of a TENS unit. **The request for a TENS unit rental for three months 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

/jr

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.