

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	6/1/2011
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011011

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **TENS Unit rental for forty-five days is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 a **TENS Unit rental for forty-five 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 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:

The claimant is a 48 year old female [REDACTED] who was injured on June 1 , 2011. She was diagnosed with multilevel lumbar disc bulges with radiculopathy, sciatica and lumbago. She was treated with six months of physical therapy, multiple epidural steroid injections, ibuprofen, Naprosyn, prednisone, Decadron and over 40 acupuncture/chiropractic visits without improvement. Dr. [REDACTED] saw the claimant on May 3, 2013 for symptomatic spondylolisthesis and ongoing left sciatica as well as off and on discoloration of her leg. She was to undergo a left hip arthroscopy. Dr. [REDACTED] re-requested a TENS unit and strap and continuation of light duty work. In May 2013, she underwent a left hip arthroscopy with anterior labral tear and osteoplasty with extensive synovectomy and capsular plication. Treatment postoperatively has been conservative; the record reflected chiropractic care, use of a TENS during therapy with reported benefit in management of her pain. A 30-day trial of TENS for home use was approved; however, there is not documentation after that time as to the efficacy of the treatment.

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 a TENS Unit rental for forty-five 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 ACOEM Guidelines, TENS, which is part of the MTUS, and the ODG Treatment Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS, pages 113-116, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines allow for use of a TENS unit for a trial period of 30 day chronic intractable pain, which requires documentation of pain of at least three months duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial, and other ongoing pain treatment should also be documented during the trial period including medication usage. In this case, there was no documentation in the records provided for review that specifically addressed how often the unit was used, that pain medication had been decreased, or that measurable functional improvements were observed; as such the criteria for home use of a TENS unit have not been satisfied. **The request for the TENS unit rental for 45 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, 18th Floor
Oakland, CA 94612

/dso

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.