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**Notice of Independent Medical Review Determination**

Dated: 8/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 7/2/2010  
IMR Application Received: 7/10/2013  
MAXIMUS Case Number: CM13-0001122

- 1) MAXIMUS Federal Services, Inc. has determined the request for transcutaneous electrical nerve stimulation a (TENS) unit and supplies for one (1) month trial (rental or purchase) **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 a TENS unit and supplies for one (1) month trial (rental or purchase) **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 July 2, 2013.

“Primary treating physician's progress report dated 02/06/13 indicates that the claimant continues to have pain in the right hand. The claimant has got a new job doing child care. The claimant has decreased Tylenol no. 3 down to 2 a day. The claimant has been going to the gym a few times a week. The claimant would like to get a TENS unit. The claimant found electrical stimulation significantly helpful previously in therapy and acupuncture and thinks it would be helpful during the workday.”

### **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
- Utilization Review by [REDACTED] (dated 7/2/13 & 2/21/13)
- Employee's Medical Records by [REDACTED] (dated 7/5/12 thru 6/18/13)
- Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, pgs 114-117

**1) Regarding the request for a TENS unit and supplies for one (1) month trial (rental or purchase) :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, pages 114-117, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Employee was injured on 7/2/10. Medical records submitted and reviewed show the employee continues to have bilateral upper extremity pain. The symptoms in the right hand/wrist region are persistent and neuropathic in nature, with positive Tinel's sign. Treatment to date has included medications, physical therapy and acupuncture. The employee is currently working full time and going to the gym 3 to 4 days a week. A request was submitted for a TENS unit and supplies for one (1) month trial (rental or purchase).

Per the guideline, TENS is not recommended as a primary treatment modality. The guideline indicates a one-month home based treatment trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain. Medical records show neuropathic pain and there is evidence of a program of functional restoration since the employee has tried acupuncture, physical therapy and a home exercise program. The request for a TENS unit and supplies for one (1) month trial (rental or purchase) 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, 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.



