
Notice of Independent Medical Review Determination

Dated: 8/21/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 1/23/2010
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-0001331

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 (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 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.

Case Summary:

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

"On 7/2/13 at 4:20PT the case was discussed with Dr [REDACTED]

"The claimant complains of low back pain and left leg pain with numbness and tingling. Exam findings include tenderness and limitation of motion. Current request is a TENS unit. In the case discussion it was noted that the claimant is a couple months status post lumbar fusion. Claimant had used the TENS in PI and it had helped her with decreasing pain. Currently the claimant is starting her post op PT and the TENS unit has helped her reduce her OxyContin from 20-30 down to 10, he is amazed at how well she has done and how she was able to decrease the medication. He will be fine with a rental of the unit to see how she does for home use he will instruct her on keeping a diary and watching the medications.

"Chronic Pain Medical Treatment Guidelines note that TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for certain conditions. 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. In this case, the claimant remains in the subacute phase of recovery from low back surgery. Chronic Pain MTUS guidelines show support for the use of TENS in chronic pain conditions in some cases. ODG guidelines note that TENS is not recommended for acute cases. While it is noted that the claimant has been able to reduce the use of pain medications with the use of TENS there is a lack of support for this modality in acute and sub-acute cases and it is difficult to ascertain if the benefit was received strictly from the use of TENS versus the physical therapy services that were being provided. Given the lack of support for the use of this unit in subacute post-operative treatment the medical

necessity of this request is not established.”

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 dated 7/12/2013
- Utilization Review Determination provided by [REDACTED] date 7/12/2013
- Medical Records from 7/1/2012 through 7/18/2013
- Chronic Pain Utilization Schedule Guidelines, 2009, TENS, pages 114-117

1) Regarding the request for TENS unit and supplies (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 Utilization Schedule Guidelines, 2009, TENS, pages 114-117, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left leg on 1/23/2010. Treatment to date has included medication, physical therapy, chiropractic, epidural injections, anterior and posterior fusion at L4-5, L5-S1, and a TENS unit. The most recent medical report on 7/01/2013 revealed that the employee was post-surgery (2/05/2013 & 2/06/2013) with physical findings of minimal pain and slightly reduced lumbar range of motion secondary to pain. A request for a TENS unit and supplies was submitted.

The MTUS Chronic Pain Guidelines state that a one month trial period of a TENS unit can be used as an adjunct to ongoing treatment modalities in a functional restoration approach. The submitted records indicate that the employee has previously used a TENS unit after physical therapy sessions and showed improved function and a documented reduction in medication use. The request for the TENS unit and supplies (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, 18th 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.



