

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/17/2013

4/17/2013

7/26/2013

CM13-0002637

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 one TENS unit **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor 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 17, 2013:

"According to the medical records, patient is a 33-year-old male who sustained an industrial injury on April 17, 2013. A PR-2 was completed on July 10, 2013. The patient reported pain in the neck that radiates to the bilateral arms and constant headaches.- The report noted he just started Acupuncture/PT. On examination range of motion in the neck was painful in all directions. He was diagnosed with cervical spine sprain/strain rule out disc. The treatment plan was for a pain management consultation, acupuncture six times a week for four weeks, an FCE and a TENS unit. Work status was TTD."

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 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/17/13)
- Employee medical records from [REDACTED] (received 8/7/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one TENS unit:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines

used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 114-115, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 4/17/2013. The employee has experienced the following: moderate to severe radiating neck pain; frequent moderate to severe pain in the right shoulder associated with pins/needles and weakness sensation; moderate to the left shoulder associated with pins/needles, burning and pressure sensation; constant moderate to severe low back pain associated with tingling, numbness, stabbing pain, weakness, heaviness and pressure sensation; persistent tension, sleeplessness, anxiety, depression, confused, exhaustion, poor concentration, mood changes and irritability. Treatment has included acupuncture and physical therapy. The request is for one TENS unit.

The MTUS Chronic Pain Guidelines do not recommend TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for neuropathic pain, phantom limb pain, or CRPS (that have limited published evidence), if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. In this case, there is lack of evidence of employee experiencing neuropathic pain, phantom limb pain or CRPS. The request for one TENS unit **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;

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

/hs

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.