

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	4/18/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003725

- 1) MAXIMUS Federal Services, Inc. has determined the request for a TENS Unit Purchase **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of TENS unit supplies **is 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 7/19/2012. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 Purchase **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of TENS unit supplies **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 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 patient is a 34-year-old male who reported a work-related injury on 04/18/2012 as the result of a motor vehicle accident. Subsequently, the patient has been treated with the following interventions status post his injury, chiropractic treatment, physical therapy interventions, a TENS unit and anti-inflammatories as well as opioids. The patient presented for treatment for the following diagnoses of cervical musculoligamentous sprain/strain without muscle contraction, headaches and dizziness. The clinical note dated 06/26/2013 reports that the patient was seen under the care of Dr. [REDACTED]. The provider documented that the patient had complaints of headache and dizziness, worse in June; however, this was resolved. The provider documents that the patient utilized chiropractic treatment and has 2/3 sessions remaining. The provider documented that a home TENS unit and hot packs were very helpful in increasing the patient's activities of daily living and decreasing pain. The patient was utilizing Norco 2.5 mg by mouth as needed and Fexmid 7.5 mg by mouth as needed as well as Anaprox 550 mg by mouth as needed. The provider documented that upon physical exam of the patient, the cervical spine revealed tenderness upon palpation with muscle guarding over the paravertebral musculature bilaterally. Spurling's maneuver, as well as axial compression testing, were both negative. There was asymmetric loss of motion to the cervical spine. The provider recommended that the patient continue utilization of a home 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 a TENS Unit Purchase:

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 Chronic Pain Medical Treatment Guidelines, pg. 114-121, Criteria for the use of TENS, Transcutaneous electrotherapy, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 116, Criteria for the use of TENS, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate A 1 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 utilized as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The provider documented that although the employee had reported decreased muscle tension and tightness, allowing for reduced medication intake, there was no documentation indicating a duration or frequency of treatment. The clinical note dated 08/20/2013 documented the medical necessity of the requested intervention for the employee. The provider summarized the employee's pain complaint decreases as the result of utilizing a TENS unit in combination with a home exercise program and chiropractic treatment which resulted in the employee requiring less pain medication. The provider again reiterated that the employee regularly utilized the TENS unit in conjunction with a home functional restoration program with improved activities of daily living and a decreased need to utilize medication. The provider documented that the employee was no longer utilizing Norco 2.5 mg or Fexmid. The employee does utilize Anaprox on an as needed basis. **The request for a TENS unit purchase is medically necessary and appropriate.**

2) Regarding the request for purchase of TENS unit supplies:

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 Chronic Pain Medical Treatment Guidelines, pg. 114-121, Criteria for the use of TENS,

Transcutaneous electrotherapy, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 116, Criteria for the use of TENS, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate A 1 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 utilized as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The provider documented that although the employee had reported decreased muscle tension and tightness, allowing for reduced medication intake, there was no documentation indicating a duration or frequency of treatment. The clinical note dated 08/20/2013 documented the medical necessity of the requested intervention for the employee. The provider summarized the employee's pain complaint decreases as the result of utilizing a TENS unit in combination with a home exercise program and chiropractic treatment which resulted in the employee requiring less pain medication. The provider again reiterated that the employee regularly utilized the TENS unit in conjunction with a home functional restoration program with improved activities of daily living and a decreased need to utilize medication. The provider documented that the employee was no longer utilizing Norco 2.5 mg or Fexmid. The employee does utilize Anaprox on an as needed basis. **The request for purchase of TENS unit supplies 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.