

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/19/2013  
Date of Injury: 11/1/2012  
IMR Application Received: 7/30/2013  
MAXIMUS Case Number: CM13-0005330

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2012.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 19, 2013, the claims administrator denied a request for a TENS-EMS device on the grounds that there was no evidence of a prior successful trial of the same.

The applicant subsequently appealed on July 24, 2013.

A later note of August 2, 2013 is notable for comments that the applicant is off of work, on total temporary disability, and reported ongoing issues with knee pain. A prior note of June 21, 2013 is again notable for bilateral knee pain, left greater than right. Arthroscopic knee surgery was sought. The applicant was asked to obtain acupuncture, internal medicine consultation, and remain off of work, on total temporary disability, for additional six weeks. A handwritten note of June 21, 2013 was notable for comments that the applicant was issued prime dual stimulators (TENS-EMS) device.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

- 1. The TENS Unit is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, MTUS, pgs 114-121, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guideline, Section on Neuromuscular Electrical Stimulation, (NMES Devices), pg 121, and Section on Criteria for the use of TENS, pg 116, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that one of the components in the device, EMS, represents a form of neuromuscular stimulation, and is endorsed only in post-stroke rehabilitative context. The guidelines recommend TENS units only in those individuals who have tried and failed other appropriate pain modalities, including pain medications. In this case, however, the medical records provided for review fail to provide evidence that the employee sustained a stroke, that the employee previously tried and/or failed the oral medications, or that the employee had previously obtained a successful one-month trial of a TENS unit. **The request for a TENS Unit is not medically necessary and appropriate.**

/pas

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.



CM13-0005330