

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/29/2013

Date of Injury:

12/17/2009

IMR Application Received:

8/2/2013

MAXIMUS Case Number:

CM13-0006562

- 1) MAXIMUS Federal Services, Inc. has determined the request for **transcutaneous electrical nerve stimulator (TENS) supplies Qty 1 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 **transcutaneous electrical nerve stimulator (TENS) supplies Qty 1 is not 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 Pain Management 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:

This is a male patient with a date of injury of December 17, 2009. A utilization review determination dated July 28, 2013 recommends non-certification for TENS supplies. TENS supplies were non-certified due to the device being not supported for the treatment of chronic lumbar pain syndrome in the absence of objective evidence of functional improvement. A progress report dated July 22, 2013 identifies subjective complaints stating the patient has continued to complain of chronic low back pain, which is more centralized in the lumbar region and varies in intensity and also reports intermittent numbness to the lower extremities following prolonged sitting, also intermittent muscle spasms causing instability due to shooting type pain affecting left lower extremity, requiring the use of a cane. Focused examination of the spine identified very restricted range of motion in all directions. Diagnoses include lumbar discopathy and obesity. Current treatment plan recommends work restrictions, weight loss, and continued medications.

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 transcutaneous electrical nerve stimulator (TENS) 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 MTUS Chronic Pain Guidelines, TENS, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 114-117, Transcutaneous electrotherapy and TENS, which is a part of the MTUS, as well as the Official Disability Guidelines (ODG), Low Back Chapter, which is not a part of the MTUS.

Rationale for the Decision:

Regarding the request for TENS unit supplies, Chronic Pain Medical Treatment Guidelines do not contain specific criteria for the use of TENS unit in the treatment of low back pain. ODG states that TENS is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a non-invasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. The MTUS chronic pain guidelines do suggest that if ongoing TENS treatment is to be recommended, there should be documentation indicating how often the unit was used, as well as outcomes in terms of pain relief and function. A review of the records indicates that there is no indication that the TENS unit provides analgesic effect, objective functional improvement, or reduction of medication use. Additionally, it is unclear how often the TENS unit is being utilized, and whether it is being used as an adjunct to a program of evidence-based functional restoration. In the absence of clarity regarding those issues, the currently requested TENS unit supplies are not medically necessary. **The request for TENS supplies 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,

Paul Manchester, MD, MPH
Medical Director

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

/dso

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.