

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: 12/5/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/17/2013

Date of Injury:

5/9/2002

IMR Application Received:

8/5/2013

MAXIMUS Case Number:

CM13-0007306

- 1) MAXIMUS Federal Services, Inc. has determined the request for **replacement Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 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 **replacement TENS Unit 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 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 has a date of injury 5/9/2002. The patient's diagnoses include: lumbar disc displacement and lumbar facet syndrome. The progress report dated 7/10/2013 by Dr. [REDACTED], M.D. noted that the patient continued to have lower back pain that is controlled with his current regimen. The patient reported using medications, activity modifications and pacing, exercises to tolerance, and TENS unit therapy for mechanical relief of symptoms. It was noted that the patient had a TENS unit which has worn out after many years of use. A replacement Tens unit has been requested. The progress reports dated 4/10/2013, 1/9/2013, and 10/17/2012 did not have any discussion of prior use of a 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 replacement TENS Unit:

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 Treatment Guidelines, TENS, chronic pain, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS (transcutaneous electrical nerve stimulation), chronic pain, pps. 114-116 which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that the progress report dated 7/10/2013 by the provider noted that the employee continued to have lower back pain that is controlled with the employee's current regimen. The employee reported using medications, activity modifications and pacing, exercises to tolerance, and TENS unit therapy for mechanical relief of symptoms. It was noted that the employee had a TENS unit which has worn out after many years of use. A replacement Tens unit has been requested. The progress reports dated 4/10/2013, 1/9/2013, and 10/17/2012 did not have any discussion of prior use of a TENS unit. No documentation was provided regarding the amount of benefit the employee had with his previous TENS unit, how often it was used, and for how long. No specific short-and long-term goals of treatment with the TENS unit were submitted as required by MTUS (p. 116). **The request for replacement Transcutaneous Electrical Nerve Stimulation (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,

Paul Manchester, MD, MPH
Medical Director

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

/cmol

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.