

Case Number:	CM13-0016052		
Date Assigned:	10/11/2013	Date of Injury:	03/28/1999
Decision Date:	01/09/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/23/2013

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 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.

CLINICAL CASE SUMMARY

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

As per the patients 6/19/2013, the patients and diagnosis cervical radiculopathy, chronic pain syndrome, cervical spine, and myofascial pain syndrome. The PTP states he would like to order PENS as opposed to increasing narcotic medications. The report indicates the patient failed trials of pain medications, therapy, and TENS. He reports the patient will adjunct current therapy with the PENS and the patient will continue HEP. There were no records given that indicated the extent of TENS treatment. UR report states previous treatment and diagnostics included MRI, EMG, chiro, PT acupuncture. There are no records indicating the efficacy of these treatments except the patient continues to have radiating pain, 6/10.x

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator/percutaneous electrical nerve stimulation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

Decision rationale: CA MTUS chronic pain guides state that PENS is not recommended as a primary treatment modality, however it may be used as a trial if used as an adjunct to a evidence based functional restoration program. Also MTUS allows for PENS if other non surgical treatments have failed as in this case, therapy and TENS have been reported to have been tried

and failed. As this request is for a trial of PENS and the patient has failed other treatments, the requested treatment of PENS is medically reasonable under CA MTUS.