

Case Number:	CM13-0016494		
Date Assigned:	03/03/2014	Date of Injury:	01/07/2007
Decision Date:	04/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family 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 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This injured worker's date of injury was 01/07/2007. The patient is being treated for chronic pain involving his right upper extremity. He has had multiple orthopedic operations and despite those he has chronic pain. There is evidence of nerve injury as evidenced by findings on neurologic testing especially in the right ulnar nerve. He did have a trial of TENS treatment in 2011. The degree to which the TENS helped is not well described. He received analgesics, multiple sessions of physical therapy, and nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PERCUTANEOUS PERIPHERAL NERVE STIMULATION OR A FOUR DAY PERIOD: Upheld

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: This injured worker's treating physician has requested a four day treatment trial of a Percutaneous Electrical Stimulation (PENS) unit. The clinical record does not mention a program of functional restoration, which is evidenced based. This is a necessary component of

a trial of PENS. In addition, the guidelines require that the PENS treatment must not be used as the primary treatment modality. Based on the documentation in the medical records provided, the request for PENS is non-certified.