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| Case Number: | CM13-0017342 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 02/07/2000 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, low back, and right ankle pain reportedly associated with an industrial injury of February 7, 2000. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, psychotropic medications and topical agents. In a utilization review report of August 12, 2013, the claims administrator denied a percutaneous electrical nerve stimulator (PENS) device, stating that there was no concrete evidence that the applicant had in fact failed conventional physical therapy. The claims administrator stated that the applicant was not intent on functional restoration. The claims administrator stated that there was, however, evidence that the applicant had failed a conventional TENS unit. The applicant's attorney subsequently appealed, on October 21, 2013. A June 20, 2013 progress note is notable for comments that the applicant reports persistent low back pain, 5/10 pain. The applicant was presently on Norco, Flexeril, and omeprazole. The applicant was given diagnoses of chronic low back pain and shoulder pain. The applicant was described as having no significant side effects or problems with medications. The applicant was reportedly discharge in stable condition. In a June 18, 2013 progress note, the applicant was described as reporting 7 to 8/10 ankle, low back, and shoulder pain. A series of two epidural steroid injections were sought at this point. Cymbalta was also endorsed. In a subsequent letter, undated, one of the applicant's treating providers, the chronic pain physician sought authorization for a percutaneous electrical nerve stimulator (PENS) device. It was stated that the applicant had tried a TENS unit and that said TENS unit had failed to adequately alleviate the applicant's complaints. Also reviewed is a September 4, 2012 physical therapy progress note, which suggests that this is the applicant's 15th session of physical therapy through that course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NEUROSTIMULATOR/PERCUTAENOUS ELECTRICAL NERVE STIMULATOR TREATMENT: Upheld

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

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

Decision rationale: As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation can be employed on a trial basis if used as an adjunct to a program of functional restoration after other nonsurgical treatments, including therapeutic exercise and TENS have been tried and/or failed. In this case, however, the attending provider seemingly sought authorization for a PENS device without previous successful one-month trial of the same. Furthermore, there is, in fact, no concrete evidence that the applicant in fact tried and failed a conventional TENS unit. It is further noted that the applicant was described on an office visit of June 20, 2013 as reportedly responding favorably to first-line oral pharmaceuticals including Norco and Flexeril, effectively obviating the need for the PENS device. Accordingly, the request is not certified, for all of the stated reasons.