

Case Number:	CM13-0032748		
Date Assigned:	12/06/2013	Date of Injury:	02/21/2009
Decision Date:	01/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pain 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. 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 patient is a 50 year old female who reported injury on 02/21/2009. The mechanism of injury was not provided. The patient was noted to have tenderness over the left anterior and lateral shoulders. The diagnosis was stated to be radiculopathy. There was a request made for percutaneous electrical nerve stimulator 3 treatments over 30 days to be performed in outpatient surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator 3 treatments over 30 days: Overturned

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 (PENS) Page(s): 97.

Decision rationale: The MTUS guidelines indicate that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and transcutaneous electrical nerve stimulation (TENS), have been tried and failed or are judged to be unsuitable or contraindicated.

Clinical documentation submitted for review indicated that the patient had tenderness over the left anterior and lateral shoulders with normal muscle strength 5/5 in the bilateral hip, knee, ankle, flexors and extensors. The patient was noted to have lumbar and paraspinal tenderness with a positive leg raise bilaterally. The patient complained that she had lower back pain with radiation down both legs into the feet. The letter of medical necessity per the physician, indicated that the patient should have 3 treatments with a percutaneous Electrical Nerve Stimulation (PENS) as she had failed non-surgical treatments including medications, physical therapy/therapeutic exercise and a TENS unit. It was noted that the unit would be used as an adjunct with the patient's home exercise program. As per guideline recommendations, the treatment would be supported since it would be used as an adjunct therapy.