

Case Number:	CM13-0053721		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2006
Decision Date:	06/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31-year-old female with a date of injury of 05/05/2006. The listed diagnoses per [REDACTED] are bilateral knee pain, Myofascial pain syndrome, and Low back pain. According to the progress report 10/16/2013 by [REDACTED], the patient continues to have significant pain in both knees and in the low back. The treating physician states the patient recently had an application of the neurostimulator and states that it was somewhat annoying to her. The treating physician believes that she most likely needs additional applications to see if we can get some improvement. The patient states the neurostimulator did not give much pain relief and some benefit from sleep and mood. The treating physician recommends 4 more days of the percutaneous electrical nerve stimulation to see if we can get some improvement. Request for authorization dated 10/24/2013 requests 3 treatments over the course of 30 days each treatment consists of 4 days of continuous percutaneous electrical peripheral nerve stimulation. Utilization review denied the request on 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS PERCUTANEOUS ELECTRICAL NERVE STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: Per MTUS Guidelines page 97, percutaneous electrical nerve stimulation (PENS) 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 TENS, have been tried and failed. MTUS further states, PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case, review of reports from 02/01/2013 to 10/16/2013 do not discuss prior trial of a TENS unit. MTUS requires the patient to first try physical therapy and TENS before a PENS unit may be considered. Furthermore, the patient has already tried it without much success. Therefore, the request is not medically necessary.