

Case Number:	CM13-0062959		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2006
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 66-year-old female with date of injury of 06/04/2006. The listed diagnoses per [REDACTED] dated 08/12/2013 are: 1. Myofascial pain syndrome. 2. Carpal tunnel syndrome. 3. Left trochanteric bursitis. According to the progress report, the patient presents with continued neck pain, left shoulder pain, left wrist pain radiating to the first 3 fingers, and left buttock and lateral hip pain. She states that her medications help marginally and denies any adverse side effects. She is currently taking codeine, cyclobenzaprine, flurbiprofen, and tramadol. The physical examination shows she has full range of motion of the cervical spine. She has trigger point tenderness in the trapezius, supraspinatus, deltoid, left gluteal, and left iliotibial band. Trigger-point sites are notable for tight muscle bands with pain radiating past site of compression. She has a positive Phalen's sign on the left and positive Tinel's sign over the left median nerve in the carpal tunnel. She has tenderness over the left greater trochanter/trochanteric bursa. The treater is requesting a percutaneous peripheral nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PERCUTANEOUS PERIPHERAL NERVE STIMULATOR: 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 (PENS) Section..

Decision rationale: This patient presents with multiple areas of chronic pain. The treater is requesting a percutaneous peripheral nerve stimulator. The MTUS Guidelines page 97 on percutaneous electrical nerve stimulation states that "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 nonsurgical treatments including therapeutic exercise and TENS have been tried and failed or are judged to be unsuitable or contraindicated." PENS is generally reserved for patients who fails TENS due to obvious physical barriers to the conduction of the electrical stimulation. PENS is also allowed after a trial period. In this patient, review of reports from 8/12/13 to 10/17/13 does not show evidence that the patient has failed TENS, and tried a PENS for a month. Recommendation is for denial.