

Case Number:	CM13-0071830		
Date Assigned:	01/08/2014	Date of Injury:	09/03/2008
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Oklahoma. 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 is a 37-year-old male who sustained work related injury to his head and neck on 09/03/2008 while he was involved in a MVA (motor vehicle accident) and rear-ended by another vehicle. The treatment history included medications (Fentanyl Patch, Soma, Norco, Relpax, gabapending, and Hydrocodone), physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit. A note dated 10/10/2013 indicates he presented for follow up and medication refills. The patient stated he had a full-blown flare-up this morning. He had pain in stomach, stress and followed by a gastroenterologist for his Crohn's disease. On physical exam of spine, there was mild tenderness over the cervical spine and paraspinal muscles, otherwise, with full range of motion. Mild tenderness over his abdomen and normal bowel sounds. The diagnosis was post-laminectomy syndrome, cervical, and Crohn's disease. A progress report dated 10/24/2013 indicates pain scale of 3.5. He reported some success with Fentanyl patch at 50 mcg per hour and utilizing at q.48h and has not seen any side effects. His functions have increased and improved. The current medication was Soma 350 mg. The diagnosis was post-laminectomy syndrome and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTEANEUS ELECTRICAL NERVE STIMULATOR, 3 TREATMENTS OVER THE COURSE OF 30 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The CA MTUS details guidelines for transcutaneous electrical nerve stimulation (TENS) and Percutaneous electrical nerve stimulation (PENS): "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 or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. PENS is similar in concept to transcutaneous electrical nerve stimulation TENS but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. 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). PENS must be distinguished from acupuncture with electrical stimulation. In PENS, the location of stimulation is determined by proximity to the pain. This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. This patient has a chronic pain syndrome. There is no indication that this patient has neuropathic pain and also no indication that this patient has radiculopathy in the records that were sent for review. The patient's pain appears well-controlled and has improved patient's functions on current pharmacotherapy. The guidelines cited above not support PENS usage; therefore, it not medically indicated.