

Case Number:	CM14-0105604		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2003
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 50-year-old with a cumulative date of injury of 03/15/2002 to 03/15/2003. The patient has the diagnoses of post laminectomy syndrome, chronic left abdominal wall infection, chronic pain syndrome, depression, narcotic dependency, sleep disorder, constipation, incontinence, GERD and left knee internal derangement. Surgical interventions include a L4-S1 anterior/posterior fusion. Per the progress notes provided for review from the primary treating physician dated 06/02/2014, the patient had complaints of severe pain. The physical exam noted diffuse axial spine tenderness, positive straight leg test and painful lumbar range of motion. The treatment plan recommendations included continuation of medication and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 days peripheral percutaneous neurostimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines peripheral percutaneous nuerostimulation (PENS) Page(s): 97.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on PENS states: 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. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (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. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) In this case, there is no provided documentation that the patient has failed TENS treatment. There is also no documentation that the requested service would be used as an adjunct to a program of evidence-based functional restoration. For these reasons the request does not meet the criteria for use as set forth per the California MTUS. Therefore, the request for 4 days peripheral percutaneous neurostimulation is not medically necessary and appropriate.