

Case Number:	CM14-0110860		
Date Assigned:	08/01/2014	Date of Injury:	02/01/1999
Decision Date:	09/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 10/07/2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his lumbar spine and bilateral knees. The injured worker's treatment history included total knee replacement and lumbar interbody fusion at the L5-S1. The injured worker was evaluated on 04/07/2014. It was noted that the injured worker had ongoing low back pain radiating into the bilateral lower extremities. Physical findings included a positive right-sided straight leg raising test, edema over the lower extremities, and no sensation along the posterior, lateral or anterior aspects of the left lower extremity between the calf and the foot. The injured worker's diagnosis included multilevel disc desiccation and disc bulging, multilevel thoracic spine disc herniation, mild renal cortical thinning, recurrent arthrofibrosis status post manipulation under anesthesia of the right knee, left posterior popliteal cyst, and left femoral popliteal graft and atherosclerotic disease of the bilateral lower extremities. The injured worker's treatment recommendations included continuation of medications, continuation of physical therapy and/or orthotics. A request was made for percutaneous electrical nerve stimulator and HRV/ANS (heart rate variability) monitoring times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator and HRV/ANS monitoring times four: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends a trial of percutaneous electrical nerve stimulation for patients who are participating in an active therapeutic rehabilitation program and have failed all lower levels of conservative treatment. The clinical documentation submitted for review does indicate that the injured worker is participating in ongoing physical therapy. However, the submitted documentation does not clearly address the injured worker's conservative treatment history. There is no documentation that the injured worker has failed a trial of a TENS unit. Therefore, the use of a percutaneous electrical nerve stimulator would not be indicated in this clinical situation. As such, the requested percutaneous electrical nerve stimulator and HRV-ANS monitoring times 4 are not medically necessary or appropriate.