

Case Number:	CM14-0114934		
Date Assigned:	08/04/2014	Date of Injury:	05/29/2010
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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 Practice 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:

Claimant is a 54 year old female who sustained a work injury on 1/21/08 involving the right knee, neck, shoulder and spine. She was diagnosed with cervical strain, lumbar strain and underwent shoulder surgery in 2011. She has undergone physical therapy and used oral analgesics for pain. A progress note on 5/14/14 indicated the claimant had continued pain in the neck and low back that radiated to the right upper extremities and both lower extremities. Exam findings were notable for trigger points in the neck, reduced range of motion of the cervical spine, equivocal straight leg raising, decreased range of motion and weakness of the legs. The treating physician recommended Gabapentin, Trazodone and Hydrocodone. In addition a peripheral electrical neurostimulator was recommended for musculoskeletal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x TENS and pg 113 Page(s): 113.

Decision rationale: A percutaneous electric nerve stimulator is similar to transcutaneous electrical therapy. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, it is not recommended as a primary treatment modality, but a one month home based trial may be considered. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. It is recommended for CRPS, neuropathic pain, spasticity and multiple sclerosis. In this case the length of use is not indicated. The claimant does not have the above diagnoses. The request for the electrical nerve stimulator is not medically necessary.