

Case Number:	CM14-0136279		
Date Assigned:	09/03/2014	Date of Injury:	08/26/1999
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

According to the records made available for review, this is a 65-year-old male with a 8/26/99 date of injury. At the time (7/31/14) of request for authorization for percutaneous electrical nerve stimulator (neurostimulator) with HRV/ANS monitoring; four (4) treatments over the course of thirty days, there is documentation of subjective (pain in the lower back and behind the neck, pain rated 9/10) and objective (tenderness along the paravertebral muscles at all levels of the cervical spine and lumbar spine, restricted motion by 50% in all planes of the neck and 50% in all planes of the lumbar spine) findings, current diagnoses (cervical radiculopathy, lumbar radiculopathy, myofascial pain syndrome, cervical and lumbar spine, and chronic pain syndrome, lumbar and cervical spine pain), and treatment to date (medications). There is no documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration and that other non-surgical treatments (including therapeutic exercise and TENS) have been tried and failed or are judged to be unsuitable or contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator (neurostimulator) with HRV/ANS monitoring; four (4) treatments over the course of thirty days.: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that percutaneous electrical nerve stimulation is to be 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, as criteria necessary to support the medical necessity of percutaneous electrical nerve stimulation. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy, myofascial pain syndrome, cervical and lumbar spine, and chronic pain syndrome, lumbar and cervical spine pain. However, there is no documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration and that other non-surgical treatments (including therapeutic exercise and TENS) have been tried and failed or are judged to be unsuitable or contraindicated. Therefore, based on guidelines and a review of the evidence, the request for percutaneous electrical nerve stimulator (neurostimulator) with HRV/ANS monitoring; four (4) treatments over the course of thirty days is not medically necessary.