

Case Number:	CM14-0168820		
Date Assigned:	10/16/2014	Date of Injury:	02/07/2000
Decision Date:	12/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and mid back pain with derivative complaints of depression reportedly associated with an industrial injury of February 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a September 15, 2014 Utilization Review Report, the claims administrator partially approved/conditionally approved a request for percutaneous electrical nerve stimulation as four sessions of the same. The claims administrator posited that the applicant had tried and failed conservative treatment, including time, medications, physical therapy, injection therapy, and a conventional TENS unit. In a July 23, 2014 progress note, the applicant was not working, it was acknowledged. 9/10 pain complaints were reported. The applicant was using Norco, Naprosyn, Norflex, Butrans, and Cymbalta. A sacroiliac joint injection was sought. It was suggested that the applicant had failed Cymbalta in one section of the note. Somewhat incongruously, the attending provider then went onto refill Cymbalta in conjunction with the topical compound medication. The applicant was placed off of work, on total temporary disability. In an August 27, 2014 progress note, the applicant reported 7/10 complaints of low back pain radiating to the legs. The applicant was having significant depressive symptoms, it was acknowledged. It was stated that the applicant should therefore try four treatments with a percutaneous electrical stimulation device. Physical therapy was concurrently sought while Cymbalta, Colace, and Butrans were renewed. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Sessions of Percutaneous Electrical Nerve Stimulator (Neurostimulator) With HRV/ANS Monitoring: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation topic Page(s): 97.

Decision rationale: While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality but can be considered for other nonsurgical treatments, including therapeutic exercise and TENS, have been tried and failed, in this case, however, the attending provider went on to endorse 20 sessions of physical therapy in conjunction with the request for a percutaneous electrical nerve stimulator on August 27, 2014. It does not appear, thus, that all other appropriate conservative treatments have been tried and/or failed; the applicant is apparently in the process of pursuing further physical therapy treatment, which could potentially be beneficial and potentially obviate the need for the proposed percutaneous electrical nerve stimulator device. Therefore, the request is not medically necessary.