

Case Number:	CM14-0031299		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2005
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 ankle pain, foot pain, toe pain, and reflex sympathetic dystrophy reportedly associated with an industrial injury of February 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; intermittent drug testing; topical Lidoderm patches; and genetic testing. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for four percutaneous electrical nerve stimulation (PENS) treatments over the course of 30 days, reportedly on the grounds that the applicant had not previously failed a TENS unit. The applicant's attorney subsequently appealed. In an earlier note of January 3, 2014, the applicant was described as using Lidoderm patches exclusively. The remainder of the file was surveyed. There was, in fact, no mention of the applicant's having previously tried and/or failed a TENS unit, although it appears that an office visit of February 14, 2014 furnished by the claims administrator was not incorporated into the Independent Medical Review (IMR) packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR (PENS) (NEUROSTIMULATOR) FOR FOUR TREATMENTS OVER THE COURSE OF THIRTY DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 129.

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

Decision rationale: As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation may be considered on a trial basis if used as an adjunct to a program of evidence-based functional restoration if other non-surgical treatments, including therapeutic exercise and TENS have been tried and failed or judged to be unsuitable or contraindicated. In this case, however, there is no specific mention of the applicant's having tried and/or failed the TENS unit. No rationale for usage of the PENS treatment was provided. There was no mention of conventional physical therapy and/or home exercises being tried and/or failed here. Therefore, the request is not medically necessary.