

Case Number:	CM14-0054298		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2011
Decision Date:	09/09/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with date of injury of 09/15/2011. The listed diagnoses per Dr. [REDACTED] dated 02/11/2014 are C5-C6 disk disease with right cervical radiculitis, Right wrist sprain/strain injury with history of possible coronary distal radial fracture, Chronic pain syndrome, Associated sleep disorder, Associated mood disorder, GERD and Generalized tenderness and pain behavior. According to this report, the patient complains of global pain complaints. She is not receiving aqua therapy or peripheral nerve stimulation. Medications are helpful but do cause upset stomach and constipation. She is essentially unchanged from her last visit. The objective findings show the patient is in obvious pain, moving slowly in and out of the office. She has a painful neck and lumbar range of motion. No other findings were noted on this report. The utilization review denied the request on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral Nerve Stimulation for chronic pain: 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 pg 97 Percutaneous electrical nerve stimulation (PENS) Not recommended as a primary treatment

modality, but a trial may be considered, if 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. There is a lack of high quality evidence to prove long-term efficacy. (Ghohane-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) See also TENS. Page(s): 97.

Decision rationale: This patient presents with multiple area of pain. The provider is requesting peripheral nerve stimulation for chronic pain. The MTUS Guidelines page 97 on percutaneous electrical nerve stimulation states that it is not recommended as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of evidenced-based functional restoration or after nonsurgical treatments, including therapeutic exercises and TENS have been tried and failed or judged to be unsuitable or contraindicated. PENS are generally reserved for patients who failed TENS due to obvious physical barriers to the conduction of electrical stimulation. The reports from 10/08/2013 to 02/11/2014 do not show that the patient has tried and failed a TENS unit. Furthermore, the provider does not state what physical barriers hinder the patient from utilizing a TENS unit. Therefore, the request is not medically necessary.