

<b>Case Number:</b>	CM14-0083324		
<b>Date Assigned:</b>	06/05/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	06/05/2014

### 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 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 36-year-old who sustained an injury on October 13, 2008 while employed by [REDACTED]. According to a report dated April 30, 2014 from the provider, the patient has persistent moderate lumbar spine pain complaints. Exam showed moderate tenderness, referred back pain with minimal straight leg raise, 4/5 global motor weakness of the lower extremity, and unstable gait. There is history of major depression, hallucination disorder with repeated suicide gesture and overdose attempts along with diagnoses of lumbar spondylosis, chronic pain syndrome with generalized pain and history of narcotic dependency. The patient is also s/p bypass surgery (undated) with post-op complications of bowel obstruction. Medications list Risperdal, Prozac, Topamax, Zyprexa, Latuda, and Alprazolam. A report noted that the patient had completed a four-day treatment of peripheral percutaneous neurostimulation with substantial gains, profound decrease in patient's pain medications as well as significant improvement with sleep, enhanced mood, decrease depression, and increased energy. The utilization review report of May 21, 2014, the initial requests from the provider included Urgent HRV/ANS monitoring for four separate treatments over a course of 30 days for the procedure Percutaneous Electrical Nerve Stimulation (Neurostimulator). The latter two requests for four treatments of Percutaneous, Electrical Nerve Stimulations (PENS) were approved on May 21, 2014 with non-certified for HRV/ANS monitoring citing lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HRV/ANS MONITORING FOR FOUR (4) SEPARATE TREATMENTS OVER THE COURSE OF 30 DAYS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulations (PENS), Page(s): 97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER, SYMPATHETIC THERAPY PAGE 841: NOT RECOMMENDED, SYMPATHETIC THERAPY IS CONSIDERED INVESTIGATIONAL.

**Decision rationale:** The California MTUS and ACOEM Guidelines are silent on HRV/ANS Monitoring for Sympathetic therapy; however, the Official Disability Guidelines state that sympathetic therapy is not recommended as it is considered investigational due to a lack of published outcomes from well-designed clinical trials prohibits scientific conclusions concerning the health outcome effects of sympathetic therapy for the treatment of pain. Sympathetic therapy describes a type of electrical stimulation of the peripheral nerves that is designed to stimulate the sympathetic nervous system in an effort to "normalize" the autonomic nervous system and alleviate chronic pain; but unlike TENS or interferential electrical stimulation, sympathetic therapy is not designed to treat local pain, but is designed to induce a systemic effect on sympathetically induced pain. Although the percutaneous neurostimulation has been approved, submitted reports have not adequately demonstrated indication, clinical findings, and diagnoses to support for the HRV/ANS monitoring which is considered investigational and only supported for clear specific diagnosis of autonomic nervous system conditions not presented here. Therefore, the requested HRV/ANS monitoring for four (4) separate treatments over the course of 30 days is not medically necessary and appropriate.