

Case Number:	CM14-0093821		
Date Assigned:	09/15/2014	Date of Injury:	01/14/2011
Decision Date:	10/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/14/11 when, while working as an Administrative Service Coordinator, she stepped over a cart and fell sustaining a left distal radius fracture. She continues to be treated for a diagnosis of left upper extremity CRPS. An MRI of the left shoulder on 05/02/12 showed findings of rotator cuff tendinosis and mild acromioclavicular joint degeneration. Treatments have included peripheral nerve stimulation treatments. On 08/12/13 she underwent percutaneous stimulator placement with three stimulation electrode which was repeated on 11/11/13. She was seen by the requesting provider on 01/13/14. Pain was rated at 4/10. Physical examination findings are reported as unchanged. She was continuing to take tramadol and using cyclobenzaprine cream. On 02/05/14 urine drug screening showed expected findings. The peripheral nerve stimulator had been removed with the assessment referencing the claimant as having no relief. She was continuing to take tramadol. Physical examination findings included left upper extremity hypersensitivity with left shoulder impingement. A sedentary work capacity was endorsed. She was seen by the requesting provider on 03/24/14. The assessment now references an excellent response to the previous percutaneous nerve stimulation treatments. She was continuing to take medications. Medications were continued. On 05/19/14 she had increased pain level since the prior peripheral nerve stimulation treatment. Pain was rated at 4/10. This assessment references improvement after the previous treatments and authorization for four treatments over 60 days was requested. Prior treatments are referenced as including TENS, medications, and physical therapy. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant Neuroelectrodes- 4 separate treatments of continuous left arm percutaneous electrical peripheral nerve stimulation to be done over 60 days.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS)

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated with a diagnosis of left upper extremity CRPS. Treatments have included TENS, medications, and physical therapy and a series of peripheral nerve stimulations with variably reported effectiveness.Percutaneous electrical nerve stimulation is 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. In this case, the claimant has undergone peripheral nerve stimulation treatments but continues to be treated for chronic pain. The requested treatment is not being done as an adjunct to a program of evidence-based functional restoration which would be potentially effective in this case.Therefore the requested left arm percutaneous electrical peripheral nerve stimulation treatments are not medically necessary.