

Case Number:	CM14-0192871		
Date Assigned:	11/26/2014	Date of Injury:	08/31/2000
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 55-year-old gentleman with a date of injury of 08/31/2000. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/28/2014 indicated the worker was possibly experiencing lower and upper back pain and depressed mood; the documentation was unclear in describing the worker's symptoms. The documented examination described trigger points throughout the back and buttocks, decreased motion in the right shoulder, possibly positive Tinel sign on both sides, left grip weakness, and testing suggested an increased potential risk for abuse of restricted medications. The submitted and reviewed documentation concluded the worker was suffering from post-cervical laminectomy syndrome with neuropathy and musculoskeletal components and probable secondary depression. Treatment recommendations included decreasing restricted medications will increasing other treatments, consultation with a pain psychologist, and percutaneous electrical nerve stimulation (PENS). A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for a percutaneous electrical nerve stimulator (PENS) with HRV/ANS monitoring. A treating physician note dated 07/24/2014 was also reviewed but contained limited clinical content.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator (neurostimulator) with HRV/ANS monitoring:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Neurosci. 2007 Mar; 14(3):216-21; discussion 222-3. Peripheral nerve stimulation for the treatment of chronic pain. Mobbs RJ, Nair S, Blum P. Department of Neurosurgery, Institute of Neurological Sciences, The Prince of Wales Hospital, Randwick, Sydney, Australia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The MTUS Guidelines do not recommend the use of percutaneous electrical nerve stimulation (PENS) as a primary treatment. This treatment is restricted to use with an evidence-based functional restoration program after other non-surgical treatments (such as TENS and therapeutic exercise) were insufficient or were unable to be used for medical reasons. An initial trial demonstrating benefit is required. There are limited good studies to support PENS as a helpful treatment option. The submitted and reviewed documentation concluded the worker was suffering from post-cervical laminectomy syndrome with neuropathy and musculoskeletal components and probable secondary depression. These records were unclear in describing the worker's symptoms. There was minimal discussion detailing the findings related to these conclusions. There was no discussion of prior conservative treatments that had been unsuccessful or medical reasons why they were not appropriate. In the absence of such evidence, the current request for a percutaneous electrical nerve stimulator (PENS) with HRV/ANS monitoring is not medically necessary.