

Case Number:	CM14-0201490		
Date Assigned:	12/11/2014	Date of Injury:	05/05/2010
Decision Date:	08/25/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old male who reported an industrial injury on 5/5/2010. His diagnoses, and or impression, were noted to include: chronic pain syndrome; neuropathic pain in the lower extremities; and sympathetically mediated pain. No current imaging studies were noted. His treatments were noted to include diet; home exercise; and medication management. The progress notes of 10/15/2015 noted constant, moderate headaches; constant, moderate-severe neck pain; constant, moderate low back pain that radiated to the right lower extremity and felt like an electric shock; nerve pain in the right leg that increased with numbness/tingling upon standing; and a poor quality of life due to his pain. Objective findings were noted to include elevated blood pressure; decreased sensation in the right lumbosacral dermatomes; and hyperesthesia with dysesthesia in the right lower extremity. The physician's requests for treatments were noted to include Per-cutaneous Electrical nerve Stimulation for chronic pain syndrome, neuropathic pain and sympathetically mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation x 4 sessions: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (PENS) 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. There is a lack of high quality evidence to prove long-term efficacy. 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). In this case, it is unclear if the injured worker has attempted a trial of TENS in the past. There is also no indication that there is a concurrent functional restoration program planned. This treatment is not recommended as a standalone treatment; therefore, the request for percutaneous electrical nerve stimulation x 4 sessions is determined to not be medically necessary.