

Case Number:	CM14-0204584		
Date Assigned:	12/16/2014	Date of Injury:	05/25/2012
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 50 year-old female with an original date of injury on 5/25/2012. The mechanism of injury was slipping and falling onto the right knee, and cumulative trauma. The industrially related diagnoses are chronic pain syndrome, disruption of the medial collateral ligament, sprain of unspecific site of the hip and thigh, and fibromyalgia. The patient's treatments to date include knee brace, 4 sessions of percutaneous electrical nerve stimulation unit, cortisone injections, Cymbalta, Gabapentin, and trazadone. The 4 sessions of percutaneous electrical nerve stimulation unit offered 90% pain relief and functional improvement, resulted in reduction of pain medication use, decreased depression, enhanced mood, and increased energy level. A MRI of right knee on 10/7/2013 showed meniscus tear in the posterior horn region. The disputed issue is the request for additional percutaneous electrical nerve stimulation with HRV/ANS for 4 treatments over 60 days. A utilization review dated 11/25/2014 has non-certified this request. The stated rationale for denial was percutaneous electrical nerve stimulation unit is a not recommend treatment per Official Disability Guidelines. In addition, percutaneous device does not fulfill the CA MTUS guidelines for percutaneous electrical nerve stimulation unit, which require the needles to be inserted to a depth of 1 to 4 cm around or immediately adjacent to the nerve serving the painful area, then stimulated. Furthermore there was no articular pain being documented. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation with HRV/ANS Monitoring (x 4 treatments over 60 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Auricular electroacupuncture

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

Decision rationale: PENS therapy is not specifically addressed in the California Medical Treatment Utilization Schedule. PENS involves the insertion of fine filament electrodes which are temporarily placed at specific anatomical landmarks in the back. A progress note on 8/5/2014 documents the benefit of improved pain level, functions of activities of daily living, and energy level from use of a percutaneous electrical nerve stimulation unit. Despite this, no major guideline or evidence based literature support PENS. Both percutaneous electrical stimulation and percutaneous neuromodulation therapy (PNT) are considered investigational. Therefore, this request is not medically necessary.