

Case Number:	CM15-0004741		
Date Assigned:	01/16/2015	Date of Injury:	06/08/2005
Decision Date:	04/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 06/08/2005. He has reported low back pain. The diagnoses have included chronic lumbar strain and lumbar radiculopathy. Treatment to date has included medications, physical therapy, and acupuncture sessions. Medications have included Oxycontin and Norco. A progress noted from the treating physician, dated 09/09/2014, documented an evaluation of the injured worker. The injured worker reported constant low back pain which radiates into the left lower extremity; and rated the pain as 5/10 at best, and 9/10 at worst on the visual analog scale. Objective findings included trigger points palpated to a slight degree in the cervical and thoracic paraspinal musculature and to a greater degree in the bilateral lumbar paraspinal musculature; and decreased range of motion. The treatment plan has included a series of percutaneous electrical neurostimulator applications. On 12/11/2014 Utilization Review noncertified a prescription for Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T1; Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T2; Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T3; and Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T4, noting the lack of information to indicate that the use of PENS would be beneficial for the injured worker. The MTUS, Chronic Pain Medical Treatment Guidelines: Percutaneous electrical nerve stimulation (PENS) was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of prescriptions for Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T1; Percutaneous electrical nerve stimulator (Neurostimulator) with

HRV/ANS monitoring T2; Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T3; and Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T4.

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 T1, QTY: 1: Upheld

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

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

Decision rationale: 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. There is no mention of the IW's response to prior treatment with TENS or possible physical barriers that would be overcome with PENS. This request is not medically necessary and appropriate at this time.

Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T2, QTY: 1: Upheld

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

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

Decision rationale: 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. There is no mention of the IW's response to prior treatment with TENS or possible physical barriers that would be overcome with PENS. This request is not medically necessary and appropriate at this time.

Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T3, QTY: 1: Upheld

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

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

Decision rationale: 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. There is no mention of the IW's response to prior treatment with TENS or possible physical barriers that would be overcome with PENS. This request is not medically necessary and appropriate at this time.

Percutaneous electrical nerve stimulator (Neurostimulator) with HRV/ANS monitoring T4, QTY: 1: Upheld

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

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

Decision rationale: 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. There is no mention of the IW's response to prior treatment with TENS or possible physical barriers that would be overcome with PENS. This request is not medically necessary and appropriate at this time.