

Case Number:	CM15-0006707		
Date Assigned:	01/26/2015	Date of Injury:	11/11/2005
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 49 year old male, who sustained an industrial injury on November 11, 2005. The injured worker has reported left shoulder, neck and wrist pain. The diagnoses have included lateral epicondylitis of the left elbow, cervical disc protrusion, internal derangement of the left shoulder and complex regional pain syndrome of the left upper extremity. Treatment to date has included pain medication, injections, occupational therapy, physical therapy and a left elbow arthrotomy with lateral release on September 23, 2014. Prior surgeries include a left trigger finger release in 2007, cubital tunnel surgery in 2009 and a revision of the cubital tunnel surgery in 2010. Current documentation dated December 11, 2014 notes that the injured worker continued to have severe neck pain with radiation to the left arm. Associated symptoms included numbness in his left hand. The pain was rated a nine out of ten on the Visual Analogue Scale. He also reported left shoulder pain, described as sharp and burning. The left shoulder pain was rated a nine out of ten on the Visual Analogue Scale. Also noted was difficulty with sleeping and loss of function of the left arm. Physical examination of the cervical spine revealed spasms on the left with a positive Cervical Compression on the left and a negative Hoffman's sign bilaterally. Left shoulder examination revealed a painful and decreased range of motion. Range of motion of the left hand was also painful. On December 30, 2014 Utilization Review non-certified a request for Subcutaneous Neurostimulator sessions. The MTUS, ACOEM Guidelines, were cited. On January 13, 2015, the injured worker submitted an application for IMR for review of Subcutaneous Neurostimulator sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subcutaneous Neurostimulator sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS.

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). The injured worker recently completed 12 sessions of physical therapy, and electrical stimulation was used during therapy. There is no report of the efficacy electrical stimulation, or if the injured worker has failed a trial of TENS. The requesting provider reports that subcutaneous neurostimulator sessions x4 are desired because the injured worker remains symptomatic, however, no rationale to support this treatment has been provided. The request for Subcutaneous Neurostimulator sessions is determined to not be medically necessary.