

Case Number:	CM15-0019704		
Date Assigned:	02/09/2015	Date of Injury:	01/08/2006
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 01/08/2006 after one of her massage therapy clients accidentally pinned her against a chair, hurting her right wrist, fingers, and neck. The injured worker complained of right hand and wrist pain that changes with the weather. Diagnoses were listed as Cervical Radiculopathy, Bilateral upper extremity pain, and chronic pain syndrome. An addendum from 08/21/2014 showed diagnoses of Bilateral Carpal Tunnel Syndrome, Cubital Tunnel Syndrome, and Complex Regional Pain Syndrome. The injured worker has been treated with Meloxicam (15 mg #30), Gabapentin (400 mg #90), Protonix (20 mg #30), and Cymbalta (60 mg #30). No diagnostics or surgical history was included in the case notes. Patient reports that her pain levels have decreased with her current regimen to approximately 6 out of 10. The injured worker showed bilateral Tinel's signs positive at the wrists and questionable at the right elbow. The request is for P-Stim 4 Applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim 4 Applications: Upheld

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

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

Decision rationale: 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 (transcutaneous electrical nerve stimulation), 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. 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). There was no documentation included in the case notes to show that the injured worker was in an evidence based functional restoration program, that the injured worker had undergone physical therapy or therapeutic exercise, or had attempted to manage pain relief with a TENS unit. Therefore, medical necessity is not supported.