

Case Number:	CM15-0143699		
Date Assigned:	08/05/2015	Date of Injury:	05/10/2013
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 44 year old female who sustained an industrial injury on 05-10-13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, home exercise program, splints and braces, injections, activity modification, psychological counseling, and bilateral carpal tunnel release and bilateral De Quervain's release. Diagnostic studies include electrodiagnostic studies. Current complaints include bilateral hand pain. Current diagnoses include chronic pain syndrome, upper limb causalgia, and fasciitis. In a progress note dated 07-06-15 the treating provider reports the plan of care as repeat Neurostimulator Treatment, medications including Topamax, Restoril, and clonazepam, as well as core muscle strengthening and range of motion exercises. The requested treatment includes Percutaneous Electrical nerve Stimulator, 4 treatments over 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation (PENS) for 4 sessions over 30 days: 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 Electrotherapy/TENS Page(s): 97/113-115.

Decision rationale: MTUS Guidelines allow for a trial PENS stimulation which was previously completed. The Guidelines point out that there is no evidence of long term benefits. In this individual there is no evidence of lasting benefits from the prior treatments; VAS scores remain the same and functional limitations are the same. It is reasonable to apply the same standards that Guidelines suggest for other treatments such as TENS, trigger point injections or epidural injections. There should be a long lasting improvement in pain, objective evidence of functional improvements, and diminished reliance on other treatment such as medications. These standards are not met with this request for a repeat series of PENS treatments. Under these circumstances the request for repeat Percutaneous Electrical Nerve Stimulation (PENS) for 4 sessions over 30 days is not supported by Guidelines and is not medically necessary.