

Case Number:	CM15-0161274		
Date Assigned:	08/28/2015	Date of Injury:	05/15/2013
Decision Date:	10/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 35 year old male with an industrial injury dated 05-15-2013. The injured worker's diagnoses include cervical spine sprain and strain and lumbar spine sprain and strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-04-2015, the injured worker reported constant throbbing neck pain and constant low back pain with frequent numbness and tingling to bilateral hands. Some documents within the submitted medical records are difficult to decipher. Objective findings revealed diminished light touch sensation of right lateral shoulder, right thumb, long and small tips. The treating physician prescribed services for PENS (percutaneous electrical nerve stimulator) 4 treatments over 30 days, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENS (percutaneous electrical nerve stimulator) 4 treatments over 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Percutaneous electrical nerve stimulation.

Decision rationale: The patient presents with neck, right shoulder, and lower back pain. The request is for PENS (percutaneous electrical nerve stimulator) 4 treatments over 30 days. The request for authorization is dated 07/17/15. Physical examination reveals trigger points in the trapezius. Decreased sensation in the right C6 & C7 dermatomes. Tender lumbar facets. Patient has failed conservative care with physical therapy, NSAIDs, TENS, and muscle relaxants. Patient is to continue home exercise regimen. Per progress report dated 08/04/15, the patient to remain off work. For PENS unit, ACOEM, Chapter 12, page 300 states: "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy." ODG-TWC Guidelines, Pain Chapter, under Percutaneous electrical nerve stimulation (PENS) Section states, "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." Per progress report dated 07/17/15, treater's reason for the request is "As this patient has failed conservative care with physical therapy, NSAIDs, TENS, and muscle relaxants." In addition, the patient is to continue home exercise regimen as delineated. In this case, the patient has failed multiple treatment modalities, including TENS. ODG guidelines support a trial of PENS as an adjunct to a functional restoration program. Therefore, the request is medically necessary.