

Case Number:	CM15-0166739		
Date Assigned:	09/04/2015	Date of Injury:	03/14/2013
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 who sustained an industrial injury on 3-14-2013. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include intervertebral disc disorder and lumbosacral radiculopathy. Currently, he complained of low back pain with radiation to lower extremities bilaterally. The record indicated a lumbar fusion was scheduled and cancelled by the injured worker preferring to refrain from surgical intervention. On 6-8-15, the physical examination documented muscle spasm and tenderness over the lumbar region with decreased range of motion. The requested authorization for four (4) percutaneous electrical nerve stimulator treatments (PENS), and durable medical equipment - percutaneous implant electrodes, peripheral x 4. On 8-24-2015, Utilization Review non-certified the request for percutaneous electrical nerve stimulator treatments (PENS), 4 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator Treatments (PENS), 4 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Per the cited CA MTUS, percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality. However, a trial of PENS may be used as an adjunct to an evidence-based functional restoration, after non-surgical treatments, such as therapeutic exercise and transcutaneous electrical nerve stimulation (TENS), have been tried and failed. According to the limited notes available for this injured worker, he appears to have had conservative therapy with activity modification, but there is no documentation of physical therapy or TENS failure. Therefore, the request for percutaneous electrical nerve stimulator treatments (PENS), 4 treatments, is not medically necessary and appropriate.