

Case Number:	CM15-0167239		
Date Assigned:	09/04/2015	Date of Injury:	05/08/2008
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
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: North Carolina
 Certification(s)/Specialty: 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 61 year old male who sustained an industrial injury on 5-8-08. In a progress report dated 6-19-15, the physician notes diagnoses of chronic pain syndrome and right thumb pain. It is noted that thus far, the only treatment that has provided significant pain relief and improved functionality has been treatment through percutaneous electrical nerve stimulation and he will need to continue with additional treatments. In the meantime, Tramadol is the main agent for pain control. He does not tolerate nonsteroidal anti-inflammatories or Codeine. The injured worker has intractable chronic right hand, thumb, and wrist pain with radicular symptoms affecting the right upper extremity. He has failed all conservative treatments including physical therapy, oral and compound medications, transcutaneous electrical nerve stimulation, shockwave therapy, multiple surgeries, and acupuncture. The most recent percutaneous electrical nerve stimulator placement and implantation is noted on 7-22-15 and the post-operative diagnosis is right hand strain, post right trigger finger surgery, and reflex sympathetic dystrophy-complex regional pain syndrome Type I-upper extremity, and chronic pain syndrome. The requested treatment is percutaneous electrical nerve stimulation (PENS) 4 times for 30 days and an internal medicine consult.

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) 4 times 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

Decision rationale: The California MTUS section on PENS 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. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) 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). PENS must be distinguished from acupuncture with electrical stimulation. In PENS, the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) The provided clinical records do not meet criteria as cited above and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has no ongoing complaints or symptoms that would require an internal medicine consult. Therefore, the request is not certified. Therefore, the requested treatment is not medically necessary.