

Case Number:	CM15-0184575		
Date Assigned:	09/25/2015	Date of Injury:	06/20/2014
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42-year-old female who sustained an industrial injury on June 20, 2014. Diagnoses have included lumbar radiculopathy, post laminectomy syndrome, myofascial pain, chronic pain syndrome, and lumbosacral root lesion not elsewhere classified. Documented treatment includes home exercise and medication including meloxicam and Gabapentin, reducing pain to 6 out of 10 and noted to be "without adverse effects." The progress note of 8-4-2015 also notes, "H-wave helps her manage pain and increase mobility; and, helps impairment by 35 percent." The provided records do not provide additional documentation related to this or other past treatments. The injured worker presented on 8-7-2015 with report of continued low back pain, which is radiating down both legs rated at 9 - 10 out of 10 without medication. The physician's objective examination noted tenderness and positive lumbar facet loading. The treating physician's plan of care includes a request for authorization submitted 9-1-2015 for 4 treatments with a percutaneous electrical nerve stimulator over 30 days. This was denied on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator x 1 Unit for Lumbar (4 Separate Treatments Over 30 Days): 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: Percutaneous Electrical Nerve Stimulator x 1 Unit for Lumbar (4 Separate Treatments Over 30 Days) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that percutaneous electrical nerve stimulation 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, 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. The documentation is not clear of the outcome of prior TENS use. Additionally it is not clear whether all nonsurgical treatments have failed as the patient was requested to have a lumbar transforaminal steroid injection. There is also no documentation that this is being requested as a program of functional restoration. For all of these reasons this request is not medically necessary.