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| Case Number: | CM15-0187644 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 08/31/1999 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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 56 year old male with an industrial injury date of 08-31-1999. Medical record review indicates he is being treated for lumbar radiculopathy, cervical radiculopathy, thoracic radiculopathy and knee arthropathy. Subjective complaints (06-19-2015) included pain in neck, thoracic, lumbar spine and knee with radicular pain. The treating physician documents the injured worker is taking Voltaren, Tramadol and Lyrica "with adequate analgesia" and has received benefits from acupuncture. The treating physician documented the injured worker had trialed and failed multiple conservative, non-surgical modalities such as transcutaneous electrical nerve stimulator, physical therapy and pharmacological therapy including oral and compounded medications. Objective findings (06-19-2015) included "difficulties" with range of motion of the lumbar spine due to pain. There was tenderness of spinal and paraspinal muscles of the lumbar spine and difficulty with forward flexion of the thoracic spine due to pain. Flexion of the cervical spine produced pain in the low back. The treatment request is for percutaneous electrical nerve stimulator treatments. The treating physician documented the injured worker would be instructed on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator treatment, thoracic spine, lumbar spine and left knee, Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Percutaneous electrical nerve stimulation (PENS).

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

Decision rationale: Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (PENS) 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. 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). In this case, the treating provider states that that the injured worker has failed at multiple conservative measures of treatment including TENS. However, there is no evidence of the length of trial with TENS or other methods of treatment other than acupuncture. There is also no evidence of a pending functional restoration program, therefore, the request for percutaneous electrical nerve stimulator treatment, thoracic spine, lumbar spine and left knee, Qty 4 is not medically necessary.

Neurostimulator power source generator, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (PENS) 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. 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). In this case, the treating provider states that that the

injured worker has failed at multiple conservative measures of treatment including TENS. However, there is no evidence of the length of trial with TENS or other methods of treatment other than acupuncture. There is also no evidence of a pending functional restoration program. As the request for percutaneous electrical nerve stimulator treatment, thoracic spine, lumbar spine and left knee, Qty 4 is determined to not be medically necessary, there is no indication for the Neurostimulator power source generator. The request for Neurostimulator power source generator, Qty 1, is determined to not be medically necessary.

Implantable electrodes, 4 for each treatment, Qty 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (PENS) 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. 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). In this case, the treating provider states that the injured worker has failed at multiple conservative measures of treatment including TENS. However, there is no evidence of the length of trial with TENS or other methods of treatment other than acupuncture. There is also no evidence of a pending functional restoration program. As the request for percutaneous electrical nerve stimulator treatment, thoracic spine, lumbar spine and left knee, Qty 4 is determined to not be medically necessary, there is no indication for the Implantable electrodes. The request for Implantable electrodes, 4 for each treatment, Qty 16, is not medically necessary.