MAXIMUS Federal Services

Case Number:	CM15-0200999		
Date Assigned:	10/16/2015	Date of Injury:	10/16/2012
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California
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 57 year old female who sustained an industrial injury on 10-16-12. Diagnoses (8-30-15) are noted as cervical spine disc bulges, right and left shoulder strain, left and right wrist internal derangement, and left and right carpal tunnel syndrome. Subjective complaints (7-31-15) include pain in right shoulder, weakness and tingling into hands, and neck pain. Objective findings (7-31-15) include limited range of motion of right and left shoulder, and limited range of motion of the cervical spine. Current medications are Norflex and Gabapentin. The plan is noted as (7-31-15) is 4 PENS treatments over the course of 30 days. Also noted is; she has trialed and failed multiple conservative, non-surgical modalities such as transcutaneous electrical nerve stimulator, physical therapy-therapeutic exercises, and pharmacological therapy. The requested treatment of percutaneous electrical nerve stimulator (neurostimulator-PENS) each treatment is 5 days of continuous electrical nerve stimulation, request 4 separate treatments over the course of 30 days for cervical spine and bilateral shoulders and wrists was non-certified on 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator (Neurostimulator/PENS). Each treatment is 5 days of continuous electrical nerve stimulation. Request is for 4 separate treatments over the course of 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines, 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. In this case, the claimant had failed numerous other modalities as noted above. The request for the short-course of PENs is appropriate.