

Case Number:	CM15-0022947		
Date Assigned:	02/12/2015	Date of Injury:	05/31/2005
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female who reported an injury on 05/31/2005, due to an unspecified mechanism of injury. On 12/18/2014, she presented for a follow-up evaluation regarding her work related injury. She reported pain in the left ankle, and stated that it was difficult to walk. A physical examination of the left ankle showed tenderness to the lateral aspect, with deformity of valgus displacement of the ankle. There was also weakness noted. It should be noted that the document provided was handwritten and illegible. The treatment plan was to use PENS to treat the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator, T2: 5 days of continuous PENS; Neurostimulator power source generator and four implantable electrodes used for treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

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

Decision rationale: The California MTUS Guidelines state that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1 month trial may be considered if used as an adjunct to a program of evidence based functional restoration after other nonsurgical treatments have been tried and failed. The documentation provided does not indicate that the injured worker has tried and failed all recommended conservative treatment modalities to support the request for PENS. Also, there is a lack of evidence showing that she is actively participating in a program of evidence based functional restoration to use in conjunction with the PENS unit. Also, it is unclear whether PENS is being recommended as a purchase or a rental and, without this information, the request would not be supported. Therefore, the request is not medically necessary.

Percutaneous Electrical Nerve Stimulator, T3: 5 days of continuous PENS; Neurostimulator power source generator and four implantable electrodes used for treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

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

Decision rationale: The California MTUS Guidelines state that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1 month trial may be considered if used as an adjunct to a program of evidence based functional restoration after other nonsurgical treatments have been tried and failed. The documentation provided does not indicate that the injured worker has tried and failed all recommended conservative treatment modalities to support the request for PENS. Also, there is a lack of evidence showing that she is actively participating in a program of evidence based functional restoration to use in conjunction with the PENS unit. Also, it is unclear whether PENS is being recommended as a purchase or a rental and, without this information, the request would not be supported. Therefore, the request is not medically necessary.

Percutaneous Electrical Nerve Stimulator, T4: 5 days of continuous PENS; Neurostimulator power source generator and four implantable electrodes used for treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

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

Decision rationale: The California MTUS Guidelines state that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1 month trial may be considered if used as an adjunct to a program of evidence based functional restoration after other nonsurgical treatments have been tried and failed. The documentation provided does not indicate that the injured worker has tried and failed all recommended conservative treatment modalities to support the request for PENS. Also, there is a lack of evidence showing that she is actively participating in a program of evidence based functional restoration to use in conjunction with the PENS unit. Also, it is unclear whether PENS is being recommended as a purchase or a rental and, without this information, the request would not be supported. Therefore, the request is not medically necessary.