

Case Number:	CM15-0024659		
Date Assigned:	02/17/2015	Date of Injury:	07/16/2009
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old female, who sustained an industrial injury on 8/17/2009. She reports a back injury. Diagnoses include carpal tunnel syndrome, chronic pain syndrome and reflex sympathetic dystrophy syndrome of the bilateral upper extremities. Treatments to date include physical therapy, shockwave therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. A progress note from the treating provider dated 11/6/2014 indicates the injured worker reported back pain. On 1/16/2015, Utilization Review non-certified the request for percutaneous electrical nerve stimulator, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Percutaneous electrical nerve stimulation (PENS)

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain with diagnoses including CRPS. Prior treatments have been extensive. 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. In this case, the requested treatment is not being done as an adjunct to a program of evidence-based functional restoration which would be potentially effective in this case. Therefore the requested percutaneous electrical peripheral nerve stimulator is not medically necessary.