

Case Number:	CM15-0217047		
Date Assigned:	11/06/2015	Date of Injury:	05/29/2007
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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 58-year-old female, who sustained an industrial injury on 5-29-2007. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder bursitis-tendinitis, brachial plexus lesions, headache syndrome, and chronic pain syndrome. On 9-24-2015, the injured worker reported bilateral shoulder pain with pain level rated 2 out of 10. The Secondary Treating Physician's report dated 9-24-2015, noted the injured worker reported her pain subsiding once receiving four "P-Stim" sessions with decreased headaches, and able to perform activities of daily living (ADLs) with less difficulty, improved sleep patterns, and able to take less medication since the P-Stim sessions. The physical examination was noted to show the shoulders with decreased range of motion (ROM), tenderness to palpation over the bicipital groove and tenderness over the bilateral posterior that radiated to the sternocleomastoid muscle, and tenderness over the paracervical muscles. The Physician noted the injured worker had chronic pain syndrome and opiate tolerance and would be a good candidate for PENS treatment having had over 60% relief with prior sessions of P-Stim. Prior treatments have included TENS, physical therapy, and oral and compounded medications, and percutaneous electrical nerve stimulator sessions on 8-21-2015, 8-13-2015, 8-6-2015, and 7-29- 2015. The treatment plan was noted to include refill of Norco and Soma with a request for authorization for additional P-Stim sessions. The request for authorization dated 10-9-2015, requested percutaneous electrical nerve stimulation, quantity: 4 sessions. The Utilization Review (UR) dated 10-16-2015, non-certified the request for percutaneous electrical nerve stimulation, quantity: 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation, quantity: 4 sessions: Upheld

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in May 2007 and is being treated for neck pain, shoulder pain, and headaches. In June 2015, she was having bilateral shoulder pain radiating to the neck. She was having occasional headaches. She had upper extremity weakness with mild numbness. PENS treatments were requested and she underwent these beginning on 07/29/15. On 08/21/15, she completed the fourth treatment. When seen, she had decreased pain after the treatments. She was having fewer headaches. Her sleep had improved and she was taking less medication. Physical examination findings included decreased shoulder range of motion limited by pain. There was decreased upper extremity sensation. There was biceps tenderness. She had atrophy. There was cervical paraspinal muscle tenderness with decreased range of motion. She had trapezius and spinous process tenderness. There was sternocleidomastoid muscle tenderness. There was decreased strength with testing limited by pain. An additional four PENS treatments were requested. 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. It 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, for example, scar tissue or, as in this case, obesity. In this case, the claimant has already had a trial of PENS. Although she reports benefit, there is no evidence of an adjunctive rehabilitation program. PENS are not a standalone treatment. The requested repeat treatments are not medically necessary.