

<b>Case Number:</b>	CM15-0044450		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 27, 1996. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for a P-Stim device, i.e., an electrotherapy device intended to provide auricular stimulation. The claims administrator referenced an RFA form dated February 19, 2015 and an associated progress note of February 4, 2015 in its determination. The applicant's attorney subsequently appealed. On February 4, 2015, the attending provider stated that he was, in fact, seeking authorization for a P-Stim or auricular stimulator device for ongoing complaints of low back, neck, and mid back pain. The attending provider stated that he was interpreting the request as a percutaneous electrical neurostimulator or PENS device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 P-Stimulator unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the proposed P-Stimulator unit was not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic of P-Stimulation, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that a purchase of a transcutaneous elective therapy device should be predicated on evidence of a favorable outcome during a one-month trial of the same, with favorable outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization for the device in question on a purchase basis without first having the applicant attempt to employ the same on a trial basis. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.