

Case Number:	CM15-0051880		
Date Assigned:	03/25/2015	Date of Injury:	01/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 60-year-old female who sustained an industrial injury on 1/9/2012. Her diagnoses, and/or impressions, include chronic pain syndrome secondary to low back and neck pain; lumbar/thoracic radiculopathy; and left shoulder pain. Current magnetic resonance imaging studies are not noted. Her treatments have included low-impact activities and medication management. The progress notes, of 1/29/2015, show complaints that included radiating pain in the head area and cervical and back regions, that is improved by medications and the percutaneous electrical stimulation therapy. The requested treatments included durable medical equipment treatment with repeat percutaneous electrical nerve stimulation/neuro-stimulation treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME treatment: Repeat Percutaneous Electrical Nerve Stimulator (Neurostimulator) 4 treatments over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Guidelines Page(s): 300.

Decision rationale: According to California MTUS, "physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration." 4 treatment sessions with a PENS unit is being requested. This patient has chronic pain, and has previously used a PENS unit, but what objective functional gains occurred from it are not discussed in the provided documentation. According to the utilization review physician, the requesting physician was not able to provide any imaging studies that would support a diagnosis of neuropathic pain, and was not able to define any objective parameters for improvement. This patient has also not been tried on any first line medications for neuropathic pain. Likewise, this request for further PENS unit treatments is not medically necessary.