

Case Number:	CM15-0057341		
Date Assigned:	04/02/2015	Date of Injury:	09/22/2012
Decision Date:	05/12/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 49 year old male, who sustained an industrial injury on September 22, 2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar spine disc rupture, low back pain and chronic pain syndrome. Treatment to date has included Flector patch, aqua therapy, LSO brace, exercise and medication. On February 19, 2015, a handwritten note stated that the injured worker applied the Flector patch and it helped. The rest of the subjective findings were illegible. Objectives findings were listed as unchanged. The treatment plan included Flector patch, renew medication and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator x 4 over the course of 30 days (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, PENS Topic.

Decision rationale: The CA MTUS does not directly address PENS. The ODG Pain Chapter states the following regarding percutaneous electrical nerve stimulation (PENS): "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. There is a lack of high quality evidence to prove long-term efficacy. (Ghoname-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS 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 (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) See also TENS." Thus, based upon these guidelines PENS is reserved for potential TENS candidates who failed to get sufficient benefit from TENS due to physical barriers. With regard to determining who is a TENS candidate, by statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. The MTUS has a narrow list of indications for TENS which include only multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of conditions. Given this worker's diagnoses, the worker is not a TENS candidate and therefore PENS is not medically necessary.