

Case Number:	CM15-0060357		
Date Assigned:	04/06/2015	Date of Injury:	02/25/2011
Decision Date:	05/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 43 year old female who sustained a work related injury on February 25, 2011, after tripping and falling injuring her left arm, breast, wrist, face and neck. Treatments included anti-inflammatory drugs, ice, rest and light duty at work. She was diagnosed with a lumbar sprain, neuritis and radiculopathy. Currently, the injured worker complained of low back pain and left leg pain with numbness and tingling. The treatment plan that was requested for authorization included percutaneous electrical nerve stimulation trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation trial 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 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 is more than four years status post work-related injury and continues to be treated for back pain with radiating symptoms into the left leg. 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, there is no documentation of a planned adjunctive program or of failure of other potentially effective treatments. Therefore, the requested percutaneous electrical peripheral nerve stimulation trial is not medically necessary.