

Case Number:	CM15-0083109		
Date Assigned:	05/05/2015	Date of Injury:	12/26/2003
Decision Date:	06/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, California

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 46 year old female who sustained an industrial injury on 12/26/2003. Her diagnoses, and/or impressions, are noted to include: cervical musculoligamentous injury with headaches, and status-post anterior cervical fusion surgery on 6/14/2010; major depression, single episode, with sleep and pain disorder; and personality disorder. Her history notes a trip and fall at home, onto her left side, in June 2014, for which she stated she did not believe she re- injured her neck; and a second fall after her right knee gave out, and for which she received an epidural steroid injection in July 2014. No current imaging studies of the cervical spine are noted. Her treatments have included trigger point injections to the cervical spine, and pain management. The progress notes of 2/18/2015 noted continued complaints of severe muscle spasms resulting in progressive and limited range-of-motion to the neck and arms, numbness/ tingling in the cervical region with weakness in the bilateral arms; excruciating pain and headaches that are relieved by pain medication; and blurred vision. Objective findings noted progressive weakness in both arms and complaints of weak grips when holding objects. The physician's requests for treatments were noted to include percutaneous electrical stimulation to the cervical spine. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient's surgical history includes cervical fusion and right shoulder surgery. The patient had received trigger point injections for this injury. The patient has had MRI of the cervical spine that revealed disc osteophyte. Per the doctor's note, dated 3/18/15 patient had complaints of pain in neck and arm with muscle spasm, numbness, tingling and weakness. Physical examination revealed weakness in both arm, weak grip. The medication list includes Norco and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation (PENS), 1 time a week for 4 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: According the cited guidelines, electrical 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. There is a lack of high quality evidence to prove long-term efficacy (Ghonaime-JAMA, 1999) (Yokoyama, 2004)." 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). Evidence that therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated was not specified in the records provided. Any evidence that the patient fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation was not specified in the records provided. Patient has received an unspecified number of PT and chiropractic visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for Percutaneous electrical nerve stimulation (PENS), 1 time a week for 4 weeks to the cervical spine is not fully established for this patient. The request is not medically necessary.