

Case Number:	CM15-0236964		
Date Assigned:	12/14/2015	Date of Injury:	11/29/2013
Decision Date:	01/29/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/04/2015

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 and rib pain reportedly associated with an industrial injury of November 29, 2013. In a Utilization Review report dated November 16, 2015, the claims administrator failed to approve a request for PENS-left ribcage. An October 29, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten note dated November 11, 2015, the applicant was placed off of work, on total temporary disability, while a heating pad, pain management consultation, and internal medicine consultation were all seemingly endorsed. Overall commentary was sparse. The note compromised, in large part, of preprinted checkboxes. On October 29, 2015, percutaneous electrical nerve stimulation (PENS) was proposed, without much supporting rationale or commentary. The note was handwritten, difficult to follow, and not altogether legible. On an earlier note dated September 30, 2015, the applicant was, once again, placed off of work, on total temporary disability, for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENS - left rib cage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: No, the request for Percutaneous Electrical Nerve Stimulation (PENS) as therapeutic to the ribcage was not medically necessary, medically appropriate, or indicated here. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, PENS or percutaneous electrical nerve stimulation is not recommended as the primary treatment modality but may be considered on a trial basis if used as an adjunct to a program of evidence-based functional restoration, in applicants in whom other nonsurgical treatments including therapeutic exercise and conventional TENS, have been tried, failed, or judged to be unsuitable. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple dates of service situated in close temporal proximity to the date of the request. It did not appear likely, thus, that the applicant was intent on employing the PENS therapy at issue in conjunction with a program of functional restoration. The handwritten October 29, 2015 office visit on which the article in question was proposed made no mention of the applicant's having failed conventional TENS therapy prior to the date of the request. Therefore, the request was not medically necessary.