

Case Number:	CM14-0127606		
Date Assigned:	08/15/2014	Date of Injury:	08/20/1999
Decision Date:	11/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female with a reported date of injury on 08/20/1999. The mechanism of injury was not reported. She was diagnosed with post laminectomy syndrome of the lumbar region, fibromyalgia syndrome, and chronic pain syndrome. Her past treatments have included laminectomy of the lumbar region, medications, and trigger point injections. There were no diagnostics reported. On 07/23/14 the injured worker complained of steady pain that is dull, sharp, and stabbing with no side effects or problems with medications. Her physical exam noted tenderness with 14 to 16 tender points with tenderness along the paravertebral muscles at the level of the lumbar spine bilaterally. The straight leg raise was reported to be left to 45 degrees and right to 60 degrees. Her current medications were noted to be Actiq 800 mcg one lozenge, one lozenge four times a day as needed for breakthrough pain, baclofen 20mg four times a day, fentanyl patch 40 mcg every 48 hours for round the clock pain, Klonopin wafers 2mg three times a day for anxiety, Salagen 5mg three times a day for dry mouth, Trazodone 100mg three pills at night to help with sleep, Vistaril 50mg three times a day for nausea, Celebrex 200mg one pill twice a day for inflammation, Cymbalta 69mg one pill a day for depression and neuropathic pain, Tizanidine 4 mg two pills at night to help patient sleep, Nexium 40mg twice a day for esophageal irritation. Her treatment plan included medications. The request was for 4 Separate treatments of PENS with HRV/ANS monitoring over 30 days (each treatment consists of 4 days continuous PENS). The rationale was not provided. The Request for Authorization Form was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Separate treatments of PENS with HRV/ANS monitoring over 30 days (each treatment consists of 4 days continuous PENS): Upheld

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

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

Decision rationale: The request for 4 Separate treatments of PENS with HRV/ANS monitoring over 30 days (each treatment consists of 4 days continuous PENS) is not medically necessary. The California MTUS does not recommend PENS as a primary treatment but maybe used on a trial bases as an adjunct to other therapies with evidence-based functional restoration, and after other non-surgical treatments to include therapeutic exercise and TENS, have been tried and failed. The injured worker was diagnosed with post laminectomy syndrome of the lumbar region, fibromyalgia syndrome, and chronic pain syndrome and her past treatments were noted to be surgery, medications, and trigger point injections. There is a lack of documentation to support the injured worker is participating in a program of evidence-based functional restoration, such as physical therapy or a structured home exercise program. In addition, the injured worker's improvement with a TENS unit was not quantified, or noted to have been tried and failed. In the absence of documentation showing quantified evidence of functional improvement and after a trial of use and concurrent participation in a program of evidence-based functional restoration, the request is not supported. As such, the request is not medically necessary.