

Case Number:	CM14-0133349		
Date Assigned:	08/22/2014	Date of Injury:	12/02/2011
Decision Date:	10/21/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 35-year-old female who has submitted a claim for lumbar facet arthropathy and myofascial pain syndrome associated with an industrial injury date of 12/02/2011. Medical records from 01/29/2014 to 08/04/2014 were reviewed and showed that the patient complained of low back pain (pain scale grade not specified). Physical examination revealed tenderness over lumbar paraspinal muscles, decreased ROM, and intact neurologic evaluation of lower extremities. Of note, there was no documentation of recent or previous stroke. Treatment to date has included physical therapy, TENS, and pain medications. Of note, there was no objective documentation of functional outcome from aforementioned treatments. There was no documentation of active patient participation in a rehabilitation program. Utilization review dated 08/04/2014 denied the request for Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x1 Unit and Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x2 Unit because there was no documentation of failed therapeutic exercise program and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x1 Unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Neuromuscular Electrical Stimulation Page(s): 114-116 & 121.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy such as PENS is not recommended as a primary treatment modality. A one-month trial of home-based PENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the PENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with details of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial period. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless it is for use following stroke. In this case, the patient complained of low back pain that prompted the request for PENS. However, there was no documentation of active patient participation in a rehabilitation program. The guidelines do not recommend PENS as primary treatment modality. Moreover, there was no documentation of recent or previous stroke to support the need for NMES. The request likewise failed to specify the body part to be treated. Therefore, the request for Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x1 Unit is not medically necessary.

Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x2 Unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Neuromuscular Electrical Stimulation Page(s): 114-116 & 121.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy such as PENS is not recommended as a primary treatment modality. A one-month trial of home-based PENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the PENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with details of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial period. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless it is for use following stroke. In this case, the patient complained of low back pain that prompted the request for PENS. However, there was no documentation of active patient participation in a rehabilitation program. The guidelines do not recommend PENS as primary treatment modality. Moreover, there was no documentation of recent or previous stroke to support the need for NMES. The request likewise failed to specify the body part to be treated. Therefore, the request for Percutaneous Electrical Nerve Neurostimulator and HRV/ANS Monitoring x2 Unit is not medically necessary.

