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| Case Number: | CM14-0146352 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/08/2008 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 61year old man with a work related injury dated 5/8/08 resulting in chronic pain to the right upper extremity. He is status post right trigger finger release and has chronic pain and CRPS of the right hand. The patient had a Neuro Stimulator System Report Treatment dated 6/11/14, 6/18/14, and 6/25/14 and 7/2/14. The patient had significant reduction in the pain in the right upper extremity with the initial two treatments but the pain levels were unchanged and plateaued after that. The patient was evaluated by the pain specialist on 7/11/14. The patient continued to complain of right hand pain, he had decreased range of motion of the right thumb which was at his baseline. The plan of care included percutaneous electrical nerve stimulator PENS (neurostimulator) four separate treatments and heart rate variability and autonomic nervous system (HRV and /or ANS) monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heart Rate Variability Monitoring/Autonomic Nervous System Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931777>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Handb Clin Neurol. 2013; 115:115-36. Testing the autonomic nervous system.

Decision rationale: The MTUS is silent regarding heart rate variability monitoring and autonomic nervous system monitoring. Autonomic testing is used to define the role of the autonomic nervous system in diverse clinical and research settings. Because most of the autonomic nervous system is inaccessible to direct physiological testing, in the clinical setting the most widely used techniques entail the assessment of an end-organ response to a physiological provocation. The documentation doesn't support the clinical indication for heart rate variability monitoring /autonomic nervous system monitoring therefore these tests are not medically indicated.

Percutaneous Electrical Nerve Stimulator (Neurostimulator) 4 separate treatments:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98.

Decision rationale: According to the MTUS PENS 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. In this case the documentation doesn't indicate the patient was unsuitable for TENS or that he was involved in a functional restoration program. Furthermore, the patient symptoms improved initially but then plateaued after receiving previous neurostimulator treatments. The use of PENS 4 separate treatments isn't medically necessary.