

Case Number:	CM14-0148056		
Date Assigned:	09/18/2014	Date of Injury:	01/22/2009
Decision Date:	11/25/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Management 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 injured worker is a 48 year old male with a date of injury on 1/22/2009. Per 3/3/2014, 3/10/2014 and 3/17/2014 records, the injured worker underwent percutaneous peripheral nerve stimulator. Per 4/8/2014 records the injured worker is documented to have continued participation in neuromuscular reeducation as part of his comprehensive pain management program. He was noted to be responding well and demonstrated ability to decrease pain levels by decreasing tension, arousal levels, and decreasing electromyogram muscle tension response. He noted continued ability to relax and pace physical levels to minimize acute pain exacerbation and mood symptoms. He also reported significant reduction in oral medication intake. Most recent records dated 6/26/2014 indicate that the injured worker returned for a follow-up and medication refill. He reported that his pain was located in the lumbar region which radiates into the posterior legs and into his toes. Pain worsened with a variety of daily activities. He rated his pain as 6/10. He continued to periodically experience coccydynia along with low back pain. Prolonged sitting and standing more than 15 minutes worsened his lumbar pain. He has completed his pulsed stimulated treatment sessions with 30% improvement and will need additional sessions. He is diagnosed with (a) lower back pain, (b) myalgia and myositis - unspecified, (c) chronic pain syndrome, and (d) post laminectomy syndrome - lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator with HRV/ANS monitoring x 4 treatments over the course of 60 days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Percutaneous electrical nerve stimulation (PENS)

Decision rationale: Percutaneous electrical nerve stimulation is a combined feature of electroacupuncture and transcutaneous electrical nerve stimulation. Its concept is similar in concept with transcutaneous electrical nerve stimulation but differs in that needles are inserted around or immediately adjacent to the nerves serving the painful area and are stimulated. Similarly, guidelines indicate that acupuncture with electrical stimulation is the use of electrical on needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Its effect can cause reduction inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. It is noted that the time to produce functional improvement is 3 to 6 treatments and treatments may be extended if functional improvement is documented. In this case, injured worker is noted to have failed all conservative treatments including physical therapy, oral and compounded medications, transcutaneous, transcutaneous electrical nerve stimulation, and nerve blocks. She also has received three percutaneous electrical nerve stimulation sessions with noted 30% improvement in symptoms and pain relief. There is also indication of a slight reduction in pain medications. With evidence that the requested percutaneous electrical nerve stimulation has been able to produce significant functional improvements the medical necessity of the requested percutaneous electrical nerve stimulator with heart rate variability monitor / autonomic nervous system monitoring x 4 treatments over the course of 60 days is established. The requested Percutaneous Electrical Nerve Stimulator with HRV/ANS monitoring x 4 treatments over the course of 60 days is therefore certified. According to the previous determination, the presented documentation did not identify failure of other treatments. It is also noted that the injured worker reported significant improvement in pain and function after percutaneous electrical nerve stimulation and he was now able to ambulate longer, sit longer, and reported greater than 60% improvement in pain for more than 6 weeks. He is also noted to decrease opioid use by 50%.