

Case Number:	CM14-0148601		
Date Assigned:	09/18/2014	Date of Injury:	08/25/2004
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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:

Patient is a 54-year-old male who has submitted a claim for chronic lumbar intervertebral disc disease with radiculitis, cervical spine stenosis with radiculitis, narcotic dependency, and major depression associated with an industrial injury date of 8/25/2004. Medical records from 2014 were reviewed. Patient complained of persistent axial pain and low back pain. Physical examination of the cervical spine showed decreased range of motion and positive axial head compression test. Shoulder range of motion was decreased bilaterally. Impingement sign was positive. Tenderness was noted at paralumbar muscles. Range of motion of the lumbar spine was likewise restricted. Anthropometric examination showed a height of 5 feet 4 inches and weight of 167 pounds. Derived body mass index was 28.7 g/m². Percutaneous peripheral nerve stimulation was requested to facilitate detox and to treat headache, pain, and depression. Treatment to date has included trigger point injections, cervical/lumbar epidural steroid injections, IM Toradol injection and oral medications. Utilization review from 8/15/2014 denied the request for Percutaneous peripheral nerve stimulation x4 because of no documentation that it was intended to be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous peripheral nerve stimulation x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS cHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that percutaneous electrical nerve stimulation (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 therapeutic exercise and TENS, have been tried and failed. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case, patient complained of persistent axial pain and low back pain. Physical examination of the cervical spine showed decreased range of motion and positive axial head compression test. Tenderness was noted at paralumbar muscles. Range of motion of the lumbar spine was likewise restricted. Anthropometric examination showed a height of 5 feet 4 inches and weight of 167 pounds. Derived body mass index was 28.7 g/m². Percutaneous peripheral nerve stimulation was requested to facilitate detox and to treat headache, pain, and depression. However, medical records submitted and reviewed failed to provide evidence of prior use of a TENS unit. The guideline only recommends PENS only after failure of TENS. There was also no evidence of an active exercise program since the guideline did not recommend use of PENS as a solitary mode of treatment. Moreover, patient did not meet guideline criterion of presence of obesity to consider a trial of PENS. Guideline criteria were not met. Therefore, the request for Percutaneous peripheral nerve stimulation x4 was not medically necessary.