

Case Number:	CM14-0165228		
Date Assigned:	10/10/2014	Date of Injury:	06/23/2003
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old male with complaints of bilateral lower extremity pain, low back pain. The date of injury is 6/23/03 and the mechanism of injury is lifting/impact injury picking up a heavy 2 by 6 which he lost control and the object fell on his left lower extremity leading to his current symptoms. At the time of request for percutaneous electrical nerve stimulator/ neurostimulator treatments, 4 treatments of 30 days, there is subjective (left leg/knee pain) and objective (swelling/edema anterior knee region with erythema, midline scar left knee, allodynia pretibial and medial aspect dorsum of left foot, decreased sensory left lateral calf, hyperhidrosis present left lower extremity, erythema noted distally, decreased range of motion left knee and ankle joint, discoloration right foot, temperature differential between left and right lower extremities) findings, imaging findings (xrays left knee 3/10/08 shows narrowing patellofemoral joint, MRI left knee 5/2/08 shows torn medial meniscus with thinning of cartilage), diagnoses (Complex regional pain syndrome left lower extremity), and treatment to date (sympathetic lumbar plexus blocks left side, medications, physical therapy, surgery).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator/neurostimulator treatments, 4 treatments over 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Auricular acupuncture

Decision rationale: Per ODG, Peripheral/percutaneous electrical nerve stimulation is not recommended. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Auricular electrostimulation or ear-acupuncture is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. This type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, and anxiety. Both the P-Stim ([REDACTED]) and the E-pulse [REDACTED] devices have received marketing clearance through the FDA abbreviated 510(k) process for use in treating acute or chronic pain by a qualified practitioner of acupuncture. Therefore, unfortunately, this treatment is not medically necessary.