

Case Number:	CM14-0093536		
Date Assigned:	07/25/2014	Date of Injury:	05/04/2007
Decision Date:	10/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Neurology, has a subspecialty in Neuro-Oncology and is licensed to practice in Texas, Massachusetts and Ohio. 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 51-year-old female who reported an injury on 05/04/2007, due to an unspecified mechanism of injury. The injured worker has a history of cervical and lumbar pain. The injured worker had diagnoses of cognitive decline, residual headache, and right trigeminal nerve injury, bilateral shoulder internal derangement, chronic right hip pain, multilevel lumbar spondylosis, painful right foot mass, right knee internal derangement, abnormal gait, severe gastroesophageal reflux disease and a symptomatic right sacroiliitis. The past surgeries included status post ORIF (Open Reduction and Internal Fixation) of the right orbital floor fracture, right shoulder distal clavicle resection and SLAP repair, left shoulder adhesive capsulitis and lysis of adhesions, status post anterior decompression of the cervical fusion times 2, bilateral carpal tunnel release. Medications included Carafate, Zantac, Nuvigil, clonazepam, Topamax, Latuda, Dexilant, Butrans patch. MRI of the cervical spine revealed a well healed anterior fusion at the C5-6 and C6-7, broad based disc protrusion at the C4-5 and a broad based central disc protrusion at the C7-T1. The physical exam dated 04/15/2014, revealed decreased tenderness over the right S1 joint with decreased pain with S1, provocative test including Patrick's maneuver. The treatment plan included an HRV/ANS monitoring and TENS unit. The Request for Authorization dated 07/25/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HRV/ANS 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 [http://\[REDACTED\]](http://[REDACTED])

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address specifically the HRV or the ANS monitoring therefore referred to [REDACTED]. Heart Rate Variability (HRV) is a measure of your heart's ability to quickly respond to changes in your level of activity. Moderate variability is healthy. Too much or too little provides readings that cannot be provided with other kinds of diagnostic equipment. Autonomic nervous system monitoring is a fast, non-invasive, and simple way to provide your doctor with information to help him or her determine how healthy you are. Information is collected from an easy, painless test that can be done in your doctor's office, a hospital or most [REDACTED]. The documentation did not support the need for the variability of measuring the hearts ability to quickly respond to changes or the automatic nervous system monitoring. As such, the request is not medically necessary.

Percutaneous Electrical Nerve Stimulator (Neurostimulator), Treatment 1: 64555 X 3
Units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS), Page(s): 97.

Decision rationale: A percutaneous electrical nerve stimulation, neurostimulator, 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. As such, the request is not medically necessary per MTUS guidelines.