

Case Number:	CM15-0014789		
Date Assigned:	02/02/2015	Date of Injury:	01/31/2003
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 01/31/2003 due to an unspecified mechanism of injury. On 12/11/2014, she presented for a followup evaluation regarding her work related injury and for a medication refill. She noted that she was experiencing pain in the neck and lower back that radiated into the bilateral legs. She rated her pain at a 10/10 without medications and noted it to be an 8/10 with medications. She also reported significant benefit of 60% improvement in pain and function from trigger point injections. She was also noted to be maintaining a high level home exercise regimen and significant benefit for percutaneous peripheral nerve stimulation in the past with greater than 75% improvement. A physical examination showed cervical spinal tenderness, cervical paraspinal tenderness, and cervical facet tenderness at the C5-T1. There were positive facet loading maneuvers and trigger point tenderness with muscle twitch and tight muscle band with pain radiating to past the area of compression at the trapezius, supraspinatus, levator scapulae, and rhomboids bilaterally. It was noted that she had failed physical therapy, NSAIDs, and TENS units, as well as various medication trials. She was diagnosed with chronic pain syndrome, fasciitis unspecified, spinal enthesopathy, neck pain, low back pain, and cervical radiculopathy. The treatment plan was for percutaneous electrical nerve stimulation with HRV/ANS monitoring for 4 treatments over 30 days. The rationale for treatment was to treat the injured worker's symptoms.

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 (heart rate variability)/ ANS (autonomic nervous system) Monitoring, 4 treatments over 30 days: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality but state that a trial may be considered if used as an adjunct program to a program of evidence based functional restoration after other nonsurgical treatments including TENS have been tried and failed or are judged to be unsuitable or contraindicated. It is also stated that there is a lack of high quality evidence to prove long term efficacy. Based on the clinical documentation submitted for review, the injured worker has stated that she received improvement using a PENS unit in the past. However, documentation showing that she had had a quantitative decrease in pain or an objective improvement in function with the use of this device was not provided for review. Also, the body part that the PENS unit would be used for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.