MAXIMUS Federal Services

Case Number:	CM15-0121480		
Date Assigned:	07/02/2015	Date of Injury:	04/26/2010
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 04/26/2010. The injured worker reported symptoms of increased pain to the low back secondary to lifting boxes that weighed approximately 20 pounds each. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, chronic pain syndrome, and lumbar spine disc bulges. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, extracorporeal shockwave treatment, and chiropractic therapy. In a progress note dated 04/29/2015 the treating physician reports complaints of pain to the low back. Examination reveals decreased sensation to the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The treating physician requested percutaneous electrical nerve stimulation (PENS) for the lumbar and thoracic spine along with the bilateral knees, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENS for lumbar and thoracic and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, PNT.

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

Decision rationale: Pursuant to the Official Disability Guidelines, percutaneous electrical nerve stimulation (PENS) for lumber, thoracic and bilateral knees is not medically necessary. 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 other nonsurgical 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. In this case, the injured worker's working diagnoses are lumbar radiculopathy; low back pain; and chronic pain syndrome. The date of injury is April 26, 2010. The request for authorization is dated May 20, 2015. The progress note dated April 30, 2015 states the injured worker manages the pain and feels okay. Physical exam states unchanged physical examination. Follow-up in six weeks. A progress note dated June 11, 2015 subjectively states pain continues. Physical examination is unchanged. There is no documentation of a clinical indication or rationale requesting PENS. The utilization review states the injured worker received medications, TENS treatment and epidural steroid injections. The UR also states the injured worker received PENS, although there was no documentation in the medical record. There is no documentation of a PENS trial. There is no documentation within the brief progress notes of ongoing physical therapy. PENS is not recommended as a primary treatment modality. There is a lack of high quality evidence to prove long-term efficacy. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, percutaneous electrical nerve stimulation (PENS) for lumber, thoracic and bilateral knees is not medically necessary.