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| Case Number: | CM15-0148338 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 05/05/2010 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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, Hawaii

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 58-year-old male, who sustained an industrial injury on May 05, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain syndrome, neuropathic pain to the lower extremities, sympathetically mediated pain, status post left knee arthroscopy, herniated nucleus pulposus at cervical five to six with mild stenosis, status post right knee chondroplasty, status post re-exploration of the lumbar spine for post-operative dehiscence with irrigation and debridement with re-approximation of the fascia closure and musculofascial reconstruction, status post right interlaminar laminotomy at the bilateral lumbar three to four and lumbar four to five levels, right knee compensatory injury with medial collateral ligament tear and medial meniscus tear, bilateral lower extremity varicose veins, bilateral Achilles tendonitis, bilateral heel spurs complicated by symptoms of plantar fasciitis, bilateral shoulder sprain and strain with rule out internal derangement, bilateral shoulder tendonitis, herniated nucleus pulposus at cervical five to six with bilateral upper extremity radicular pain and paresthesias with rule out stenosis at cervical four to five and cervical five to six, status post fall with bilateral knee flare up with the left greater than the right, mild right knee effusion with old tear at the medial collateral ligament and mild chondromalacia patella, disc protrusion at lumbar three to four and lumbar four to five with mild bilateral neuroforaminal narrowing, and facet arthropathy at lumbar four to five and lumbar five to sacral one with mild neuroforaminal narrowing. Treatment and diagnostic studies to date has included status post cervical epidural steroid injection, above noted procedures, laboratory studies, magnetic resonance imaging to the lumbar spine, physical therapy, electromyogram with nerve

conduction study to the bilateral lower extremities, and medication regimen. In a progress note dated June 10, 2015 the treating physician reports complaints of constant pain to the neck, low back, bilateral knee, and insomnia. Examination reveals decreased sensation to the right lumbar four through sacral one dermatomes, hyperesthesia and dysesthesia to the right lower extremity. The injured worker's pain level was rated a 7 out of 10 to the neck a 5 out of 10 to the low back, and a 3 out of 10 to the bilateral knees. The treating physician requested four separate percutaneous electrical nerve stimulator treatments to target the peripheral nerves to decrease the injured worker's pain level, decrease the use of the injured worker's medication regimen, decrease inflammation, and increase the injured worker's functional levels. The treating physician also noted that the injured worker has failed past conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator treatments: Upheld

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

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

Decision rationale: The patient presents with constant neck, low back, and bilateral knee pain. The current request is for Percutaneous electrical nerve stimulator treatments. The treating physician states, in a report dated 06/10/15, "He is also recommended to have Percutaneous Electrical Nerve Stimulator Treatments. Request is for four separate treatments, over a 30 day period." (126B). The MTUS guidelines state, "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. PENS are 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, the treating physician, based on the records available for review, has the following to say, "I believe that treatment utilizing a neurostimulator is medically necessary and provides the best chance of affecting improvement for the patient. I recommend "treatments" in an effort to reduce the patient's pain level, decrease medication consumption, reduce overall inflammation, and improve functional levels. The patient has trialed and failed multiple conservative, non-surgical modalities such as; transcutaneous electrical nerve stimulation (TENS), physical therapy/therapeutic exercises, pharmacological therapy, including oral and compounded medications, all have proven unsuccessful in controlling pain adequately. Furthermore, we will instruct the patient on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels." (126B). While a trial of PENS may be indicated for this patient, the current request does not specify a quantity or duration for this prescribed treatment. The current request is not medically necessary.