

Case Number:	CM15-0179196		
Date Assigned:	09/21/2015	Date of Injury:	02/26/2013
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 26, 2013. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for four separate percutaneous electrical nerve stimulator (PENS) treatments. The claims administrator referenced a July 14, 2015 office visit in its determination. The claims administrator suggested that the applicant was off of work as of the date of the request. The applicant's attorney subsequently appealed. On said July 14, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating to the right upper extremity status post earlier failed cervical laminectomy surgery. The applicant also reported ancillary complaints of shoulder pain. The applicant was on Norco, Ultracet, Xanax, Prozac, Prilosec, Voltaren gel, Flexeril and marijuana, it was acknowledged. The attending provider acknowledged that the applicant had developed derivative complaints of reflux and depression. The applicant was placed off of work, on total temporary disability owing to debilitating upper extremity radicular pain complaints. Trigger point injections were performed while multiple medications were renewed. Four separate PENS (percutaneous electrical nerve stimulation) treatments were sought. The attending provider contended that the applicant had failed a TENS unit, physical therapy and medications in the past but did not state precisely when the applicant had undergone said TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation (PENS) treatments (4 separate treatments over 30 days) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: No, the request for four separate percutaneous electrical nerve stimulation (PENS) treatments was not medically necessary, medically appropriate, or indicated here. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a trial of percutaneous electrical nerve stimulation 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. Here, however, the applicant was placed off of work, on total temporary disability, as of the July 14, 2015 office visit at issue. It did not appear that the applicant or attending provider were intent on employing the proposed PENS treatments in conjunction with a program of functional restoration. The fact that the applicant remained dependent on illicit substances to include marijuana as of July 14, 2015 likewise suggested that the applicant was not, in fact, intent on employing the four separate percutaneous electrical nerve stimulation treatments in conjunction with a program of functional restoration. While the attending provider stated that the applicant had failed a TENS unit on July 14, 2015, the attending provider did not furnish detail on the date and/or duration of the TENS unit trial. The request was, thus, at odds with several criteria set forth on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of PENS therapy. Therefore, the request was not medically necessary.