

Case Number:	CM15-0062893		
Date Assigned:	04/08/2015	Date of Injury:	05/10/2013
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on 5/10/2013. She reported neck, bilateral elbow, bilateral wrists pain. The injured worker was diagnosed as having chronic pain syndrome, upper limb causalgia, and fasciitis. Treatment to date has included medications, physical therapy, and transcutaneous electrical nerve stimulation. The request is for percutaneous electrical nerve stimulator. On 3/19/2015, she is seen for pain in both hands with radiation into the arms and wrists. The records indicate failure of multiple conservative treatments over a 6 month time period. The treatment plan included: request for a percutaneous electrical nerve stimulator, Gabapentin, Clonazepam, and Trazodone, and continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator x4 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, PENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no efficacy of previous use of TENS. The provider should document how PENS will improve the functional status and the patient's pain condition. Therefore, the prescription of percutaneous electrical nerve stimulator x4 treatments is not medically necessary.