

Case Number:	CM15-0063258		
Date Assigned:	04/09/2015	Date of Injury:	07/22/2013
Decision Date:	06/08/2015	UR Denial Date:	03/06/2015
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: 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 33 year old male who sustained an industrial injury on July 22, 2013. The injured worker was diagnosed with lumbar radiculopathy, cervical radiculopathy, myofascial pain, depression and insomnia. Treatment to date has included TENS therapy, physical therapy, a psychological evaluation, topical and oral medications. According to the treating physician's progress report on January 16, 2015 the injured worker continues to experience chronic low back and cervical pain. Current medications provide adequate pain control. Examination of the lumbar spine demonstrated some decreased range of motion due to pain with tenderness to palpation of the paraspinal muscles. Cervical range of motion is full but painful. Current medications are listed as Tramadol, Naproxen, Venlafaxine, Ambien and topical analgesics. Treatment plan consists of continuing with medication regimen, TENS therapy, physical therapy and the percutaneous electrical nerve stimulator rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulator T1 unit rental: Upheld

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

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

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation 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 treatment, including therapeutic exercise and TENS therapy have been tried and failed. There is a lack of high quality evidence to prove long term efficacy. In this case, it is noted that the injured worker has continuously utilized a TENS unit. There is no indication that this injured worker has tried and failed conservative treatment to include exercise and TENS therapy. The medical necessity for a percutaneous electrical nerve stimulator rental has not been established. In addition, a 1 month rental would be preferred. The specific duration of treatment was not listed in the request. Given the above, the request is not medically necessary.

Percutaneous electrical nerve stimulator T2 unit rental: Upheld

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

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

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation 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 treatment, including therapeutic exercise and TENS therapy have been tried and failed. There is a lack of high quality evidence to prove long term efficacy. In this case, it is noted that the injured worker has continuously utilized a TENS unit. There is no indication that this injured worker has tried and failed conservative treatment to include exercise and TENS therapy. The medical necessity for a percutaneous electrical nerve stimulator rental has not been established. In addition, a 1 month rental would be preferred. The specific duration of treatment was not listed in the request. Given the above, the request is not medically necessary.

Percutaneous electrical nerve stimulator T3 unit rental: Upheld

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

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

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation 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 treatment, including therapeutic exercise and TENS therapy have been tried and failed. There is a lack of

high quality evidence to prove long term efficacy. In this case, it is noted that the injured worker has continuously utilized a TENS unit. There is no indication that this injured worker has tried and failed conservative treatment to include exercise and TENS therapy. The medical necessity for a percutaneous electrical nerve stimulator rental has not been established. In addition, a 1 month rental would be preferred. The specific duration of treatment was not listed in the request. Given the above, the request is not medically necessary.

Percutaneous electrical nerve stimulator T4 unit rental: Upheld

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

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

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation 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 treatment, including therapeutic exercise and TENS therapy have been tried and failed. There is a lack of high quality evidence to prove long term efficacy. In this case, it is noted that the injured worker has continuously utilized a TENS unit. There is no indication that this injured worker has tried and failed conservative treatment to include exercise and TENS therapy. The medical necessity for a percutaneous electrical nerve stimulator rental has not been established. In addition, a 1 month rental would be preferred. The specific duration of treatment was not listed in the request. Given the above, the request is not medically necessary.