MAXIMUS Federal Services

Case Number:	CM15-0063807		
Date Assigned:	04/09/2015	Date of Injury:	04/01/2002
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/03/2015

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 65-year-old who has filed a claim for chronic thumb, neck, shoulder, hand, and wrist pain reportedly associated with an industrial injury of April 1, 2002. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for four separate percutaneous electrical nerve stimulator sessions with associated unit placement and implantation of an electrode array. The claims administrator referenced a March 19, 2015 progress notes in its determination. The claims administrator contented that there was no evidence that the applicant was having failed other first, second, and/or third line treatment options before the PENS unit was proposed. On March 19, 2015, the applicant's pain management physician stated that he recommended a PENS unit with associated implanted electrodes. The attending provider posited that a PENS unit would likely be more effective than a TENS unit. The attending provider seemingly suggested in this particular note that the applicant had not previously used a TENS unit. In a progress notes dated March 19, 2015, the applicant reported ongoing complaints of shoulder pain, highly variable, 1-9/10. The applicant was off of work, on total temporary disability. The applicant had various comorbidities, including dyslipidemia, hypertension, and/or stroke. The applicant was still smoking. The applicant was on Norco and Flexeril. A PENS unit trial was endorsed. The attending provider stated in this particular note that the applicant had previously failed other treatments including a TENS unit, but did not state when the trial had transpired. The visit in question seemingly represented the applicant's first office visit with the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 separate percutaneous electrical nerve stimulator sessions, placement of the unit, implantation of an electrode array: Upheld

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

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

Decision rationale: No, the request for four separate percutaneous electrical nerve stimulation sessions with associated electrode implantation was not medically necessary, medically appropriate, or indicated here. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation or PENS, the article at issue, is not recommended as a primary treatment modality but may be employed on a trial basis as an adjunct to a program of functional restoration, after other nonoperative treatments, including therapeutic exercises and conventional TENS therapy have been tried and failed and/or judged to be unsuited or contraindicated. Page 97 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that PENS is generally reserved for applicants who fail to get relief from a TENS unit owing to physical barriers to conduction of electrical stimulation such as scarring and/or obesity. Here, however, there was no evidence that the applicant was significantly obese and/or an unsuitable candidate for a conventional TENS unit. While the attending provider reported on March 19, 2015 that the applicant had previously failed other treatments, including a conventional TENS unit, this was done in the highly templated manner. The attending provider did not state when the TENS unit trial had taken place. The attending provider's letter dated March 19, 2015, furthermore, seemingly suggested that the applicant had not previously tried and/or failed a conventional TENS device. Finally, page 97 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a TENS unit should only be employed in conjunction with program of functional restoration. In this case, however, there was no evidence that the applicant was in fact intent on functional restoration. The applicant was placed off of work, on total temporary disability as of the March 19, 2015 office visit on which the article in question was proposed. The attending provider stated that the applicant had not worked since 2003. Thus, there was no compelling evidence that the applicant had failed a TENS unit here. There was no compelling evidence that the applicant was not a candidate for a conventional TENS unit. Finally, there was no evidence that the applicant was intent on using the proposed TENS device in conjunction with the program of functional restoration. Therefore, the request was not medically necessary.