MAXIMUS Federal Services

Case Number:	CM15-0079135		
Date Assigned:	04/30/2015	Date of Injury:	06/24/2003
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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
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 54 year old female who sustained an industrial injury on 6/24/03. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having bilateral upper extremity radiculopathy, lumber myoligamentous sprain/strain syndrome with associated left lower extremity radiculopathy, right knee myoligamentous injury, chronic pain syndrome, and mild cervical dystonia. Treatments to date have included oral pain medication, injections, intrathecal infusion pump, Electromyography, activity modification, nonsteroidal anti-inflammatory drugs, and proton pump inhibitor. Currently, the injured worker complains of pain in the right knee. The plan of care was for percutaneous electrical nerve stimulator rental and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator rental for 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Percutaneous electrical nerve stimulation (PENS), Page 819.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Percutaneous Electrical Nerve Stimulation (PENS) treatment include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, TENS unit, therapy, or physical barrier restrictions for conduction of electricity such as significant scarring or morbid obesity, not established here. There is no documented short-term or long-term goals of treatment with the PENS treatment documented. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the PENS treatment without specifics of failed TENS trial, failed therapy as the patient is currently participating in sessions. There is no evidence of neurological deficits, ADL limitations, or acute flare-up or red-flag conditions to warrant support for PENS treatment. Guidelines consider PENS under study and not recommended as a primary treatment modality. PENS is an invasive modality provided by a skilled operator with inconsistent results as outcomes are dependent on technique. There is no long-term proven efficacy for this treatment. The Percutaneous Electrical Nerve Stimulator rental for 30 days is not medically necessary and appropriate.