

Case Number:	CM14-0140932		
Date Assigned:	09/10/2014	Date of Injury:	08/26/1999
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year old male who sustained injuries to his low back and neck on 08/26/99. Follow-up report dated 07/18/14 reported that the injured worker stated that he had low back pain and neck pain that was continuing. The injured worker described the pain as throbbing and always there at 9/10 VAS. Current medications included Tylenol 4, Valium, and Norvasc. Physical examination noted tenderness along the paravertebral musculature at all levels of the cervical spine and lumbar spine; restricted motion by 50% in all planes of the neck and lumbar spine. The injured worker was diagnosed with cervical radiculopathy, lumbar radiculopathy, myofascial pain of the cervical spine and lumbar spine, chronic pain syndrome, and lumbar spine/cervical spine pain. The injured worker was recommended for percutaneous electrical nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator (Neurostimulator) With HRV/ANS Monitoring, four Treatments over the Course of Thirty Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electronic Nerve Stimulation.

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

Decision rationale: Previous request was denied on the basis that in this case, there is no documentation that the injured worker has completed physical therapy (one session was done and then stopped due to language barrier). In addition, HRV/ANS monitoring is a tool used to monitor for autonomic nervous system dysfunction and guide therapy. Treating physician indicated that the only autonomic nervous system dysfunction for the injured worker is hypertension. Hypertension alone does not justify the use of monitoring heart rate variability and autonomic nervous system balance. Given the above, the request was not deemed as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for Percutaneous Electrical Nerve Stimulator (Neurostimulator) with HRV/ANS Monitoring, four Treatments over the Course of Thirty Days is not medically necessary.