

Case Number:	CM13-0010111		
Date Assigned:	03/10/2014	Date of Injury:	06/15/2007
Decision Date:	07/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 63-year-old female with a reported injury on 06/15/2007. The mechanism of injury was described as the repetitive motion of heavy lifting, grasping, carrying, bending, twisting, squatting, pulling, kneeling, and prolonged standing. The clinical note, dated 07/15/2013, reported that the injured worker complained of right shoulder, neck, knees, and lower back pain. It was reported that the injured worker stated her pain level was an 8/10. The physical examination revealed the injured worker's head and neck range of motion demonstrated flexion to 45 degrees, extension to 20 degrees, rotation to 45 degrees, and bilateral tilt to 20 degrees. The physical examination of the upper extremities revealed decreased range of motion from the right shoulder to "somewhat" variable degrees in all planes. The injured worker's diagnoses included C5-6 left "facet" hypertrophy, C6-7 right cervical radiculopathy, right shoulder impingement syndrome, diabetes mellitus type 2, and high blood pressure. The injured worker's prescribed medication list included metoprolol, amlodipine, hydrochlorothiazide, K-Dur, metformin, glipizide, "diyotin," cyclobenzaprine, and "diclofenate." The provider requested percutaneous electrical neurostimulation due to the fact that the injured worker refused injection therapy such as facet blocks and cervical epidural blocks. The request for authorization was submitted 08/13/2013. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for percutaneous implantation of neurostimulator electrode array, epidural, is not medically necessary. The injured worker complained of right shoulder, neck, knees, and lower back pain. The treating physician's rationale for the percutaneous implantation of neurostimulator electrode was due to the fact that the injured worker refused epidural injections to the cervical or facet region. The CA MTUS guidelines do not recommend the percutaneous electrical nerve stimulation (PENS) 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 non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of documentation indicating the injured worker has significant functional deficits requiring percutaneous electrical nerve stimulation. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Moreover, the guidelines do not recommend the PENS unit without the adjunction to a program of evidence-based restoration. Furthermore, the guidelines consider a trial PENS unit, the provider did not include this within the recommendation. As such, the request is not medically necessary.