

Case Number:	CM13-0012989		
Date Assigned:	09/18/2013	Date of Injury:	06/15/2007
Decision Date:	01/23/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 patient is a 63-year-old female who was injured on 06/15/07 with recent clinical assessment indicating diagnoses of right shoulder, neck, bilateral knee pain, low back pain. She is status post a 06/13/13 right shoulder arthroscopy. A recent 07/15/13 assessment indicated she was seen by [REDACTED] for diagnosis of facet hypertrophy to the cervical spine, impingement to the shoulder, and follow up of Type 2 diabetes and hypertension that was non-work-related. He indicates that the claimant at that time had failed conservative care in regard to her cervical symptomatology including facet injections and cervical epidural steroid injections. The suggested options were inclusive of implantation of a percutaneous electrical neurostimulator.

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: Based on the MTUS guidelines, the implantation of a percutaneous electrical nerve stimulator would not be indicated. Guideline criteria does not recommend this

device as a primary treatment modality. Records in this case do not indicate specific treatment including therapeutic exercises, TENS unit, and other first line agents that would be recommended on a first line basis. The lack of high quality evidence to provide long term efficacy with the above mentioned device would fail to necessitate its use at this time.