

Case Number:	CM13-0015670		
Date Assigned:	03/26/2014	Date of Injury:	08/26/1999
Decision Date:	05/08/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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 Pain Management has a subspecialty in Interventional Spine 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 patient is a 65-year-old male with a date of injury of 08/26/1999. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Lumbar radiculopathy. 3. Myofascial pain syndrome of lumbar spine. 4. Bilateral lower extremity pain. According to the report dated 06/11/2013, the patient presents with cervical radiculopathy, low back pain, lumbar radiculopathy, myofascial pain syndrome for the lumbar and cervical spine, and bilateral lower extremity pain. The patient's medications are Tylenol No.4 and Norvasc 10 mg. Letter of medical necessity and request for authorization dated 06/26/2013 by [REDACTED] states based on the patient's condition and history, "utilizing a neurostimulator is medically necessary and provides the best chance of affecting improvement for the patient." The treater recommends continuous percutaneous electrical stimulation of the peripheral nerves over a 4-day period in an effort to reduce the patient's pain levels, decrease narcotic consumption, reduce overall inflammation, reduce sympathetic stimulation, and improve functional levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURO STIMULATOR TIMES THREE UNITS; CONTINUOUS PERCUTANEOUS ELECTRICAL STIMULATOR OF THE PERIPHERAL NERVES OVER FOUR DAY PERIOD: 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: This patient presents with cervical radiculopathy, low back pain, lumbar radiculopathy, myofascial pain syndrome for the lumbar and cervical spine, and bilateral lower extremity pain. The treater recommends a continuous percutaneous electrical stimulation unit. Per MTUS Guidelines page 97, Percutaneous electrical nerve stimulation (PENS) is "not recommended 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..." MTUS further states, "PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity)." In this case, review of reports dated 04/23/2013 and 06/11/2013 do not discuss prior trial of a TENS unit. MTUS requires patient first try physical therapy and TENS before a PENS unit may be considered. Therefore, the request of three (3) Neuro Stimulator Units; Continuous Percutaneous Electrical Stimulator of the peripheral nerves over four day period is not medically necessary and appropriate.