

<b>Case Number:</b>	CM13-0020864		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Neurology has a subspecialty in Neuromuscular 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 sustained a work related injury on October 1 2008. On the follow up note of August 27 2013, there is a report of shooting pain in the right knee. Physical therapy and TENS was tried without success. Her pain level was 6/10. Her physical examination demonstrated tenderness to the lower back. Her diagnosis was lumbar radiculopathy. The provider is requesting authorization for the use of a neurostimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for neurostimulator x 3 treatments over a 30 day trial period:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Percutaneous Electrical Nerve Stimulation (PENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, neurostimulator is not recommended as primary treatment modality, but a trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the neurostimulator treatment is not medically necessary.

