MAXIMUS Federal Services

Case Number:	CM13-0030378		
Date Assigned:	11/27/2013	Date of Injury:	01/01/2010
Decision Date:	02/05/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep study of May 1, 2013, apparently notable for a limb movement disorder; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 11, 2013, the claims administrator denied a request for a neurostimulator, citing lack of clear progress notes and ambiguous documentation as to whether or not this represent a rental versus purchase. The earlier clinical progress note of August 20, 2013 is handwritten, not entirely legible, sparse, and notable for ongoing complaints of neck and low back pain. The applicant is now declining further injections. Diminished cervical lumbar range of motion is noted. The applicant is asked to continue Soma, Naprosyn, and tramadol while obtaining peripheral nerve stimulator for four days. The applicant is asked to remain off of work in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted on page 97 of the MTUS Chronic Pain Guidelines, a trial of PENS may be considered if used as an adjunct to a program of functional restoration after other non-surgical treatments, including therapeutic exercise and a conventional transcutaneous electrical nerve stimulation (TENS) unit have been tried and/or failed. In this case, however, there is no evidence that a conventional TENS unit and/or home exercise program have been tried and/or failed. It is further noted that the applicant does not appear to be intent on using this PENS unit alongside a program of functional restoration. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. There is no mention that the applicant would try and use the proposed PENS device in conjunction with a program of functional restoration. Therefore, the request for a DME: Neurostimulator is not medically necessary and appropriate.