MAXIMUS Federal Services

Case Number:	CM13-0040831		
Date Assigned:	12/20/2013	Date of Injury:	09/14/2001
Decision Date:	03/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 09/14/2001 due to a fall. The patient reportedly injured her lumbar spine. Prior treatments included physical therapy, medications, chiropractic care, acupuncture, a TENS unit, pain management, and injections. The patient also received psychiatric support. The patient's most recent clinical examination revealed that the patient had trigger points to the upper outer quadrant of the buttocks and paraspinal muscle tenderness with normal range of motion and a negative straight leg raising test bilaterally. The patient had diminished patella and ankle reflexes of the bilateral lower extremities. The patient's diagnoses included regional spine pain, lumbago, sacroiliac joint disorder, chronic pain syndrome, pain medication management, and tobacco use. The patient's treatment plan included peripheral neuromodulation and continuation of the current medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 P-Stim implants placed on patient's ears every 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

Decision rationale: The requested series of 3 P-Stim implants placed on patient's ears every 10 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of peripheral neuromodulation therapy as it is considered investigational. The clinical documentation submitted for review does indicate that the patient is diabetic and would not benefit from further corticosteroid injections. However, the clinical documentation does not indicate that the patient has exhausted all other types of therapy. There is no documentation that the patient is currently participating in any type of active therapy to assist with pain control. The clinical documentation does not include any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested series of 3 P-Stim implants placed on patient's ears every 10 days is not medically necessary or appropriate.

Soma #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma #1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of Soma or other muscle relaxants to exceed treatment duration of approximately 2 weeks to 3 weeks. The clinical documentation submitted for review does not indicate a dosage or frequency for this medication. Therefore, the efficacy and safety cannot be determined. Additionally, there is no way to determine the intended duration of treatment. As such, the requested Soma #1 is not medically necessary or appropriate.