

Case Number:	CM13-0053321		
Date Assigned:	12/30/2013	Date of Injury:	01/16/1997
Decision Date:	04/29/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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:

According to the records made available for review, this is a 50-year-old male with a 1/16/96 date of injury, and status post three laminectomies and status post anterior and posterior fusions . At the time (11/12/13) of request for authorization for percutaneous electrical nerve stimulator (neurostimulator) - 3 treatments, there is documentation of subjective (pain rated 7-9/10) and objective (mild lumbar spinal and paraspinal tenderness, positive straight leg raise bilaterally) findings, current diagnoses (postlaminectomy syndrome, lumbar spine; myofascial pain syndrome, lumbar spine), and treatment to date (SCS, medications, activity modification, Physical Therapy (PT) , exercises and Transcutaneous Electrical Nerve Stimulation (TENS) unit). On a medical report dated 11/4/13, it identified that the patient will be instructed on a customized home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR (NEUROSTIMULATOR)-3 TREATMENTS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that percutaneous electrical nerve stimulation is to be 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 or are judged to be unsuitable or contraindicated, as criteria necessary to support the medical necessity of percutaneous electrical nerve stimulation. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome, lumbar spine; myofascial pain syndrome, lumbar spine. In addition, there is documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration (HEP) after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed. Therefore, based on guidelines and a review of the evidence, the request for percutaneous electrical nerve stimulator (neurostimulator) - 3 treatments are medically necessary.