

Case Number:	CM13-0054085		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2002
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Rehabilitation 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 low back pain reportedly associated with an industrial injury of May 13, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; long-interacting opioid; psychotropic medications; sleep aids; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 16, 2013, the claims administrator denied a request for a percutaneous peripheral neurostimulator (PNS) device on the grounds that the applicant had not had a precursor psychological evaluation or precursor MRI and on the grounds that the attending provider was concurrently requesting an intrathecal drug trial. The applicant's attorney subsequent appealed. In a handwritten psychiatric progress note of August 12, 2013, the applicant's psychiatrist writes that the applicant is stable on the current psychiatric medication regimen despite experiencing intermittent acute anxieties. Cymbalta, Desyrel, Lunesta, and Topamax are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative programming of peripheral neurostimulator: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, peripheral electrical neurostimulation (PENS) is not recommended as a primary treatment modality but can be employed on a trial basis if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and conventional TENS therapy have been tried and/or failed. In this case, however, it is not clearly stated that other appropriate treatments, such as conventional TENS therapy and/or home exercises have been tried and/or failed. The bulk of the records provided here pertain largely to the applicant's ongoing mental health issues. Since there is no evidence that the applicant has in fact tried and failed other non-surgical treatments such as therapeutic exercise and conventional TENS therapy, the proposed PENS neurostimulator and intraoperative programming request cannot be supported. The request for a intraoperative programming of peripheral neurostimulator is not medically necessary and appropriate.

Implantation of percutaneous peripheral neurostimulator: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, PENS can be considered on a trial basis as an adjunct to a program of functional restoration in those individuals who have failed other non-surgical treatments, including therapeutic exercise and conventional TENS therapy. In this case, however, no recent medical progress notes were provided, including some of the notes made available to the claims administrator prior to its Utilization Review Report. There is no evidence that previous conventional TENS unit has been tried and/or failed. The bulk of the notes on file are mental health progress notes. The request for implantation of percutaneous peripheral neurostimulator is not medically necessary and appropriate.