

Case Number:	CM13-0055433		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2007
Decision Date:	04/25/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 38-year-old male. The injured worker's original date of injury was May 26, 2007. The injured worker carries diagnoses of chronic neck pain, cervical post laminectomy syndrome. The patient has been conservatively treated with gabapentin, tramadol, and omeprazole. The patient is documented to have failed TENS unit and physical therapy/therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NEUROSTIMULATOR (PENS) UNIT FOR ONE MONTH (THREE TREATMENTS): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97-98.

Decision rationale: In the case of this injured worker, the most relevant note is a supplemental progress report on date of service November 4, 2013. In the plan section of this note, the requesting healthcare provider is recommending neurostimulation utilizing implantation of an electrode - needle array. There is documentation that the patient has failed traditional TENS unit

and physical therapy. The patient has been conservatively treated with gabapentin, tramadol, and omeprazole. The Chronic Pain Medical Treatment Guidelines states that PENS therapy may be an option for those with physical barriers to the conduction of the electrical stimulation such scar tissue which is likely the case in this patient. The central question then is what constitutes a trial, which the California Medical Treatment and Utilization Schedule does not state a specific time course. It is felt that a single session would not be a sufficient trial to be able to demonstrate a clinically significant improvement. Therefore, the request for 3 trial sessions (as originally requested) is recommended for certification.