

Case Number:	CM13-0056109		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2000
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, has a subspecialty Certificate in Pain Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 04/06/2000, secondary to heavy lifting. The patient is currently diagnosed with chronic inguinal neuralgia, chronic widespread pain disorder, major depressive disorder, narcotic dependency, and irritable bowel syndrome. The patient was seen by [REDACTED] on 10/25/2013. The patient reported ongoing pain in multiple areas of the body. Physical examination revealed positive axial head compression testing, diffuse tenderness in the cervical spine, diminished range of motion of the cervical spine, bilateral lateral epicondyle tenderness, diminished shoulder range of motion bilaterally, positive impingement testing bilaterally, positive Cozens testing bilaterally, 5/5 motor strength in bilateral upper extremities, and well-healed incisions in the right inguinal area. Treatment recommendations included authorization for 3 four day trials of peripheral percutaneous neurostimulation as well as connective tissue serology and hepatitis C testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 four-day trials of Peripheral Percutaneous Neurostimulation: 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: The California MTUS Guidelines state percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of evidence based functional restoration. As per the documentation submitted, there is no indication of this patient's active participation in a functional restoration program. There is also no evidence of a failure of nonsurgical treatment including therapeutic exercise and TENS therapy. There was no evidence of a specific treatment plan with short and long-term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.

1 Connective Tissue Serology and Hepatitis C: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014

Decision rationale: Hepatitis C tests are used to screen for and diagnose a hepatitis C virus infection, to guide therapy and/or to monitor the treatment of an HCV infection. As per the documentation submitted, there is no indication that this patient is at high risk of developing hepatitis C virus. There is no documentation of illegal drug use, blood transfusion, long-term dialysis, exposure to another with hepatitis C, or chronic liver disease. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.