

<b>Case Number:</b>	CM13-0056359		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in California, Colorado, Michigan, Pennsylvania, and 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 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 patient is a 46 year old female who was injured on 03/23/2013. The patient had an industrial injury to the lumbar back on 03/23/2013. The mechanism of injury appeared to be repetitive stocking of heavy frozen pizza dough. Prior treatment history has included TENS unit, physical therapy, Naproxen, Neurontin, and Protonix; Toradol injection, crutches and an air cast for her left ankle. The patient underwent lumbar epidural block under fluoroscopy on 05/22/2013; right hemi-laminotomy, L5, microdiscectomy, L5-S1 on the right; and medial facetectomy and foraminotomy, L5-S1 on the right on 01/06/2014. Diagnostic studies have included MRIs of the lumbar spine and left ankle. Supplemental Progress Report dated 11/04/2013 indicated the following: the patient continues with present injuries, low back pain, and left ankle pain. She is presently back at work, still gets some pain greater in the neck than in the ankle at this time. Medications seem to be helpful. She was discharged without incident. The patient is diagnosed with left ankle pain, low back pain, and chronic pain syndrome. It is believed that treatment utilizing a neurostimulator is medically necessary and provides the best change of affecting improvement for the patient. A recommendation of 3 treatments, over the course of 30 days, of percutaneous electrical stimulation of the peripheral nerves in an effort to reduce the patient's pain levels, decrease narcotic consumption, reduce overall inflammation and improve functional levels. The procedure will include placement of the neurostimulator motor unit and implantation of the electrode needle array. The patient has tried and failed a TENS treatment in the past, as well as physical therapy/therapeutic exercises, all have proven unsuccessful in controlling the pain. Furthermore, we will instruct the patient 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:

**Placement of neurostimulator motor unit and implantation of electrode-needle array with three treatments over the course of 30 days of percutaneous electrical stimulation of the peripheral nerves for chronic pain associated with the lumbar spine and left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Percutaneous Electrical Nerve Stimulation Therapy. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Page(s): 97, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Pain Chapters

**Decision rationale:** This is a 46 yr old female with a failed back surgery syndrome, with a Date Of Injury, 3/23/2013. The patient has chronic pain syndrome with some potential radiculopathy. CA MTUS/ODG indicate that NMES is not recommended and is investigational and experimental. In addition patient had a trial of TENs without improvement which resulted in failure. As a result of the mentioned guidelines and medical record review, the request is non certified.