

Case Number:	CM13-0065698		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2009
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine, Pulmonary Diseases 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 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. Percutaneous electrical nerve stimulation should only be initiated after other nonsurgical treatments including therapeutic exercise and TENS therapy have been tried and failed. As per the documentation submitted, there is no evidence of a failure to respond to physical therapy or TENS therapy prior to the request for ongoing percutaneous electrical nerve stimulation. Therefore, the patient does not currently meet criteria for the requested service. As such, the request for Implant Neuroelectrodes- Outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANT NEUROELECTRODES - OUTPATIENT: Upheld

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

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. Percutaneous electrical nerve stimulation should only be initiated after other nonsurgical treatments including therapeutic exercise and TENS therapy have been tried and failed. As per the documentation submitted, there is no evidence of a failure to respond to physical therapy or TENS therapy prior to the request for ongoing percutaneous electrical nerve stimulation. Therefore, the patient does not currently meet criteria for the requested service. As such, the request for Implant Neuroelectrodes- Outpatient is non-certified.