

Case Number:	CM13-0066457		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2007
Decision Date:	08/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 64-year-old who sustained a work-related injury 6 year ago. As a result of that injury, he has been diagnosed with lumbar sprain/strain, right lower extremity radiculitis, cervical sprain/strain. For his pain, he takes Norco, and anaprox. He has had several MRI's showing disc bulges at various levels of both the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PERCUTANEOUS ELECTRICAL NERVE STIMULATION (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent electrical stimulation Page(s): 120-121.

Decision rationale: The MTUS does not specifically address localized intense neurostimulation. Based on the description of the service, the requested treatment appears to represent a form of microcurrent electrical stimulation (MENS). The employee's pain appears to be chronic, as there is no documentation of functional improvement despite the various treatments already received. The Chronic Pain Medical Treatment Guidelines do not recommend MENS for treatment of

chronic pain. The request for intense neurostimulation therapy, twice weekly for three weeks, is not medically necessary and appropriate.