

Case Number:	CM13-0067410		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2010
Decision Date:	05/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 37-year-old male who reported an injury on 12/22/2010. The worker was injured while moving an 8 foot file load on a pallet with a hand pallet jack. The clinical note dated 07/01/2013 reported the injured worker presented with complaints of constant moderate to frequent severe pain, cramping and stiffness in the low back, left greater than right, which consistently radiated down the left groin and lower extremity to the big toe with constant numbness and tingling in the same area as the pain. The injured worker had weakness and giving way of the hips and knees, but he had not fallen. The pain was noted to be increased with all weightbearing, any movement of the back and with walking more than 25 feet. The injured worker rated his pain at a level of 9/10 at the worst and a 6/10 at the best. The injured worker reported frequent cramping in the low back, buttocks, lower extremities and feet with reports of having moderate bowel and bladder incontinence. The hip areas were noted to have tenderness to palpation of the left trochanter. The documentation noted x-rays were taken on 07/01/2013 which revealed no evidence of acute fracture or dislocation, the soft tissues were unremarkable, and degenerative disc disease was seen at L5-S1, and no other abnormalities noted. The DWC Form RFA was not provided in the medical documentation for the request for peripheral nerve stimulation. The documentation provided for review did not indicate any request for the peripheral nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIPHERAL NERVE STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CENTER FOR BIOTECHNOLOGY INFORMATION (WEBSITE).

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

Decision rationale: The request for the peripheral nerve stimulation is non-certified. The California MTUS Guidelines indicate that peripheral 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 or after other nonsurgical treatments, including therapeutic exercise and a TENS unit, have been tried and failed or judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove the long-term efficacy in the use of a peripheral nerve stimulation unit. Peripheral nerve stimulation units are generally reserved for patients who have failed to get pain relief from a TENS unit, apparently due to the obvious physical barriers to the conduction of the electrical stimulation, PENS must be distinguished from acupuncture with electrical stimulation. Within the documentation provided it was unclear if other nonsurgical treatments, including therapeutic exercise and a TENS unit, had been tried and failed or judged to be unsuitable or were contraindicated. The injured worker reported after the injury in 02/2011, completion of a physical therapy program which did not help. The injured worker also attended chiropractic therapy, however, the efficacy of the prior chiropractic care was unclear. Due to the lack of documentation provided for review detailing the injured worker's prior courses of conservative care, the peripheral nerve stimulator would not be indicated at this time. As such, the request for PERIPHERAL NERVE STIMULATION is non-certified.