

Case Number:	CM14-0107923		
Date Assigned:	08/01/2014	Date of Injury:	07/15/1998
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty 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 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 injured worker is a 40 year old female whose date of injury is 07/15/1998. The mechanism of injury is described as moving a heavy box. Treatment to date includes surgical intervention, chiropractic therapy, spinal cord stimulator trial in 2002, physical therapy, trigger point injections, and medication management. Note dated 01/21/14 indicates that she is expressing suicidal ideation. She reports that she cannot tolerate the neck and upper extremity pain any longer. Diagnostic impressions note severe bilateral thoracic outlet syndrome, vascular headaches left greater than right; piriformis syndrome, status post right piriformis release with persistent residuals; major depression; fibromyalgia; and gastroesophageal reflux disease. The injured worker underwent scalene injection on 01/23/14 with excellent temporary relief of pain. She subsequently underwent repeat trigger point injections on 03/04/14. Neurosurgical re-evaluation dated 06/05/14 indicates that the injured worker was recommended for decompression of the right brachial plexus. Note dated 06/12/14 indicates that the injured worker was recommended for percutaneous electrical nerve stimulation for her increasing headaches, depression and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 peripheral percutaneous electrical nerve stimulator (neurostimulator) treatments:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: Based on the clinical information provided, the request for 4 peripheral percutaneous electrical nerve (neurostimulator) treatments is not considered as medically necessary. Given the extensive treatment completed to date with a lack of significant benefit obtained, it is unclear what benefit is expected with this modality at this point in the injured worker's treatment. There are no specific, time-limited treatment goals provided. There is no documentation of failure of a TENS unit as required by CA MTUS guidelines. Therefore, in accordance with CA MTUS guidelines, this requested treatment is not medically necessary.