

Case Number:	CM14-0108072		
Date Assigned:	08/01/2014	Date of Injury:	05/17/1997
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
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 Orthopedic Spine Surgeon 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 47-year-old male who reported an injury on 05/17/1997. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back, buttocks, and ankle. The injured worker was treated conservatively with medication management and therapeutic exercise, and injection therapy. However, the injured worker developed chronic pain recalcitrant to those treatments. The injured worker was evaluated on 06/20/2014. It was noted that the injured worker had chronic intractable low back pain. Physical findings included severe tenderness of the right lower lumbar facet joints with moderate tenderness to the sacroiliac joint and severe tenderness to the right ankle joint with range of motion. It was noted that the injured worker had normal sensation to pinprick and equal and normal bilateral deep tendon reflexes of the upper and lower extremities. The injured worker's diagnoses included intractable back pain, chronic pain syndrome, cauda equina syndrome, and ankle arthritis. The injured worker's treatment plan included continuation of medications and prior authorization of a spinal cord stimulator trial in an attempt to diminish the injured worker's radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Superior Cluneal Nerve (pns) Trial Reprogram Stimulator, Anesthesia, X-Rays, Leads:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

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

Decision rationale: The requested Superior Cluneal Nerve (pns) Trial Reprogram Stimulator, Anesthesia, X-Rays, Leads is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends electrical nerve stimulation as a trial for injured workers who have failed all other conservative measures to include a TENS unit, and are participating in an active therapeutic rehabilitation program that would benefit from the adjunctive treatment of a TENS unit. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to physical therapy, epidural steroid injections, and medications. However, there is no documentation that the injured worker has failed to respond to a TENS unit. Additionally, the most recent clinical evaluation does not indicate that the injured worker is currently participating in any type of active therapeutic rehabilitation to include a home exercise program. As such, the requested Superior Cluneal Nerve (pns) Trial Reprogram Stimulator, Anesthesia, X-Rays, Leads is not medically necessary or appropriate.