

Case Number:	CM14-0010585		
Date Assigned:	02/21/2014	Date of Injury:	11/04/2002
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries, including revision of an earlier surgery; a spinal cord stimulator implantation in 2011; and adjuvant medications. In a utilization review report dated January 21, 2014, the claims administrator issued a qualified or conditional certification for four PENS stimulator treatments over one month, stating that each treatment of the total of four should be contingent on documentation or benefit from earlier treatments. The overall rationale is quite choppy, difficult to follow, and uses an outlined format as opposed to providing narrative commentary. The applicant's attorney subsequently appealed. On June 26, 2013, the attending provider noted that the applicant had ongoing issues with chronic pain syndrome, post laminectomy syndrome, myofascial pain syndrome status post earlier spine surgery. The applicant was on Norflex, MS Contin, and Provigil, it was stated. The PENS trial array was endorsed. It appears that the attending provider subsequently thought to remove the spinal cord stimulator on September 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR TIMES 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Percutaneous Electrical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Percutaneous Electrical Nerve Stimulation topic..

Decision rationale: While Page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does support trial of percutaneous electrical nerve stimulation if used as an adjunct to a program of evidence based functional restoration, in this case, however, the applicant has had an earlier trial of the nerve stimulator device in 2013. The applicant has had several prior nerve stimulator treatments. The applicant has, however, exhibited only a negligible-to-marginal response for the same. The applicant is still using a variety of opioid agents, including Morphine and Oxycodone. There is no clear evidence of improved function and/or diminished reliance on medical treatment achieved as a result of the earlier usage of the percutaneous electrical nerve stimulator device. The applicant does not appear to have returned to work. There is, thus, no seeming evidence of functional improvement as defined in MTUS 9792.20f despite a prior trial of the percutaneous electrical nerve stimulator. Therefore, the request for four additional treatments is not medically necessary.