

Case Number:	CM14-0011763		
Date Assigned:	02/21/2014	Date of Injury:	03/01/2007
Decision Date:	08/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/29/2014

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 patient is a 55-year-old female who has submitted a claim for Lumbago associated with an industrial injury date of March 1, 2007. Medical records from 2013 were reviewed, which showed that the patient complained of constant sharp pain on the coccyx up to the sacrum radiating across the belt line. She also reported numbness in the left groin, medial thigh, and left buttock. She also had constant sharp, deep, aching pain in the upper lumbar region. There was numbness in both legs with standing and sitting. Pain was rated 7/10. On physical examination, gait was antalgic. There was tenderness in the upper lumbar region, iliac crest, posterior superior iliac spine, and the area lateral to the border of the sacrum at the level of the coccyx. No spasm was reported. Lumbar range of motion was limited. Straight leg raise test was negative bilaterally. No motor deficits of the lower extremities were noted. FABER test was performed. Patient's thigh trust, Gaenslen, and iliac compression tests were positive bilaterally while Gillet test was only positive on the left. Facet loading test was positive in the lumbar spine bilaterally. Deep tendon reflexes were 3+ at the quadriceps bilaterally and 1+ at the Achilles bilaterally. There was decreased sensation in the posterior aspect of the left lower leg, medial aspect of the left thigh, and the left buttock/coccygeal region. Treatment to date has included medications, acupuncture, chiropractic care, TENS unit, and spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial lumbar peripheral nerve stimulator (rental duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-Stim) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Treatment Page(s): 41.

Decision rationale: According to page 41 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, peripheral nerve stimulation may be considered in Complex Regional Pain Syndrome-II (CRPS-II). In this case, the medical records did not provide evidence of the presence of signs and symptoms pertaining to the diagnosis of complex regional pain syndrome -II. Furthermore, a rationale for peripheral nerve stimulator trial was not provided in the documentation submitted for review. Duration of treatment period likewise is not specified. Therefore, the request for trial lumbar peripheral nerve stimulator (rental duration not specified) is not medically necessary.