

Case Number:	CM14-0013555		
Date Assigned:	02/26/2014	Date of Injury:	01/03/2005
Decision Date:	08/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 Neurology 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:

This is a 51 year-old female who injured her knees and ankle January 03, 2005. Current medical problems include cervalgia, anxiety, pain in the shoulder, degenerative disk disease, headaches, myofascial pain, depression, insomnia, lumbago, headache, chronic fatigue syndrome, osteoarthritis of the lower leg, sacroilitis, chronic pain syndrome. The patient complains of pain in the knees, low back, left shoulder, right wrist, headache, neck pain, shoulder pain, low back pain, leg pain, knee pain, ankle pain. The last physical exam states there is tenderness in several joints, including the right knee, left knee, lumbar facets, sacroiliac joints, spine; there was a positive straight leg raise test on the left. Edema was noted in the left knee. The patient had trigger point injections on January 20, 2014 in the low back. In addition, she has tried various medications, including Zanaflex, Naproxen, gabapentin, toradol, Soma. Physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS) unit were recommended. Requested devices include (1) percutaneous implantation of neurostimulator electrode array, peripheral nerve and (2) traction belt; a utilization review in January 28, 2014 did not approve these two treatments. There are no new medical records provided since the visit on January 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous implantation of neurostimulator electrode array, peripheral nerve (excluding sacral nerve) and analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation (NMES devices) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Per ACOEM Guidelines percutaneous electrical nerve stimulation (PENS) units have no proven efficacy in treating acute low back symptoms. Furthermore, the guidelines state that insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. ACOEM also states that: PENS is not recommended outside of research settings for treatment of neuropathic pain. In this case, the patient has a long standing history of chronic pain and muscle tenderness. She has tried epidural injections and medications. Physical therapy and a home-based exercise regimen were recommended, but there is no documentation if this was done and how the patient responded; notes from November 2013 state that patient is OK on current regimen. In addition, there are no follow up notes to assess how the patient responded to epidural injections. The recommendation for PENS is therefore not supported.

Traction belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to ACOEM Guidelines, traction has not been proved effective for the lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is therefore not recommended. In this case, the patient has a long standing history of chronic pain and muscle tenderness. She has tried epidural injections and medications. Physical therapy and a home-based exercise regimen was recommended, but there is no documentation if this was done and how the patient responded; notes from November 2013 state that patient is OK on current regimen. The recommendation for traction is therefore not supported.