

Case Number:	CM14-0017290		
Date Assigned:	04/14/2014	Date of Injury:	02/24/2004
Decision Date:	05/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 52-year-old with a February 24, 2004 industrial injury claim. He has been diagnosed with postlaminectomy syndrome, cervical spine and myofascial pain syndrome, cervical spine. According to the January 16, 2014 anesthesiology/pain management report from [REDACTED], the patient presents with 8/10 pain, and was reported to be using Dilaudid. The report states the patient finished four day trial with a neuostimulator that resulted in overall functional restoration. [REDACTED] describes this as four treatments with percutaneous electrical nerve stimulation, which resulted in the decrease in the patient's opioid medications, improved sleep, mood and increased energy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIPHERAL NERVE STIMULATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck And Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Section Page(s): 97.

Decision rationale: The patient presents with neck pain, and has been diagnosed with post laminectomy syndrome. He has failed TENS therapy and has had four sessions of PENS. [REDACTED]

██████ reports the PENS helped with 40-50% reduction in narcotic/opioid use, and improved sleep, mood, and increased energy. The patient was reported to be taking Dilaudid, but the medical reports did not list the dosage before and after the PENS trial. On the January 16, 2014 letter of necessity, ██████ requests 4 additional sessions of PENS therapy as an adjunct to a home exercise program. The Chronic Pain Medical Treatment Guidelines states that a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS (transcutaneous electrical nerve stimulation), have been tried and failed or are judged to be unsuitable or contraindicated. The request appears to be in accordance with MTUS guidelines. The request for peripheral nerve stimulation is medically necessary and appropriate.