

Case Number:	CM14-0018017		
Date Assigned:	04/16/2014	Date of Injury:	02/01/2002
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 02/01/2002 due to a repetitive motion. Within the clinical note dated 02/18/2014, it was noted that the injured worker had reported low back pain radiating into the left buttocks, left lateral thigh, and left lateral calf. The medication list included Norco 10/325 (three times a day as needed), ibuprofen 600 mg (twice a day), and tizanidine (once at night as needed for spasms). The past surgical history included a left L5-S1 discectomy on 07/15/2002, right knee surgery, and appendectomy. The physical exam revealed lumbar muscle spasms with tenderness upon palpation of all the lumbar paraspinal muscles. The exam further revealed that the lumbar range of motion was restricted by pain in all directions with a positive straight leg raise test on the left. Muscle strength was rated 5/5 in all limbs except for 4+/5 in left extensor hallucis longus, left peroneals, left posterior tibial, and left gastrocnemius. The injured worker's diagnoses include left L5 and left S1 radiculopathy with lower extremity weakness, left lumbar disc protrusion at L5-S1, lumbar stenosis, status post left L5-S1 discectomy, and lumbar postlaminectomy syndrome. Previous therapies were noted to include physical therapy and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE PURCUTANEOUS SPINAL CORD STIMULATOR TRIAL BETWEEN 1/21/14 AND 4/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97-98.

Decision rationale: The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of evidence-based functional restoration after other nonsurgical treatments--including therapeutic exercise and TENS--have been tried and failed, or judged to be unsuitable or contraindicated. The guidelines further state that PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation. Within the submitted documentation, there was no clear rationale for the utilization of the percutaneous electrical nerve stimulation, nor was there documentation of obvious physical barriers to limit the conduction of the electro stimulation of a TENS unit. Additionally, there was no documentation to indicate that the injured worker was going to be continuing physical therapy and that this intervention would facilitate further utilization of physical therapy. Without further documentation of obvious physical barriers, a failure of a TENS trial, and indication of future physical therapy that would be helped by the patient using a PENS unit, the request at this time cannot be supported by the guidelines. Therefore, the request for prospective percutaneous spinal cord stimulator trial is not medically necessary and appropriate.