

Case Number:	CM14-0120693		
Date Assigned:	08/06/2014	Date of Injury:	07/26/2002
Decision Date:	09/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 injured worker is a 53-year-old female who reported an injury on 07/26/2002 due to repetitive motion. The injured worker was diagnosed with status post bilateral carpal tunnel release with increased flare up of left carpal tunnel syndrome left wrist and hand osteoarthritis; right shoulder arthroscopy; complex regional pain syndrome of the bilateral upper extremities; status post cervical spine cord stimulator implant at C2-3 with restore ultra-implantable pulse generator in the left upper buttock; chronic neuropathic pain; chronic pain syndrome; myofascial pain syndrome; status post anterior cervical decompression and fusion at C6-7; neuropathic pain with flare up in the left upper extremity and hand; acute flare up of lumbar radiculopathy; right L4-5 radiculopathy; trigger points; status post cerebrovascular accident after deep brain stimulator trial with left fascial weakness; and bilateral hip sprain/strain and trochanteric bursitis. Treatment to date includes physical therapy, chiropractic care, psychiatric treatments, medications, and a TENS unit. Prior diagnostic studies include cervical MRI's and an EMG/NCV. Surgical history included a right carpal tunnel release on 02/25/2002, left carpal tunnel release on 04/28/2003, right rotator cuff arthroscopic repair on 11/27/2007 and cervical spine surgery on 02/13/2006. On 07/16/2014, the injured worker reported constant neck pain rated 4/10 with associated numbness and tingling in the bilateral upper extremities. She also complained of constant low back pain rated 5/10 with associated numbness and tingling in the bilateral lower extremities. The physician noted the injured worker's quality of life was limited. She reported dizziness and constipation as side effects to the use of Neurontin. She was not attending physical therapy. Examination of the cervical spine reveals positive cervical compression test bilaterally. The injured worker was prescribed Neurontin for her symptom complaints. The injured worker was recommended to have a percutaneous electrical nerve stimulator however, it is still pending. The physician felt the neurostimulator offered the best

chance for affecting improvement for the injured worker. A request was submitted for 4 treatments over the course of 60 days targeting peripheral nerves in an effort to reduce the injured worker's pain levels, decrease narcotic consumption, reduce overall inflammation, and improve functional levels. The physician noted the injured worker had undergone a trial of a TENS unit which failed to improve her symptoms as well as physical therapy and therapeutic exercises, medical therapy, and other non-surgical modalities. The injured worker would be instructed on home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels. The Request for Authorization form was signed on 07/16/2014 and made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 4 P-STIM (pulse stimulation treatment) treatments between 06/18/2014 and 09/08/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation P-Stim - Pulse stimulation treatment - Auricular electroacupuncture; Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, P-Stim (pulse stimulation treatment).

Decision rationale: The prospective request for 4 P-STIM (pulse stimulation treatment) treatments between 06/18/2014 and 09/08/2014 is not medically necessary. Official Disability Guidelines (ODG) do not recommend pulse stimulation treatment as the evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute or chronic pain. The only published trial indicated the use of P-Stim device was not associated with improved pain management. The injured worker has received physical therapy and a TENS unit; however, both modalities have failed. However, the guidelines do not support the use of this treatment given the lack of supporting evidence. As such, the prospective request for 4 P-STIM (pulse stimulation treatment) treatments between 06/18/2014 and 09/08/2014 is not medically necessary.