

Case Number:	CM14-0122063		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2010
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/03/2014

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 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 51-year-old male who reported an injury on 07/08/2010. He reportedly underwent a significant shock with loss of consciousness and burns across the bilateral arms and chest. On 03/14/2014, the injured worker presented with low back pain shooting down the bilateral legs associated with tingling, numbness, and paresthesia. On examination of the lumbar spine, the range of motion was restricted, there was increased lumbar lordosis, and a well-healed surgical scar present in the lumbar spine. There was mild atrophy of the paraspinal muscles and a positive bilateral straight leg raise. The diagnoses were failed back surgery syndrome, lumbar vertebra retrolisthesis and anterolisthesis of L2-3 with spine instability, right lumbar radiculitis and sciatica, bilateral lumbar facet hypertrophy at L2-3, depression, and chronic myofascial pain syndrome. Prior therapy included home exercises and medications. The provider recommended a peripheral nerve field stimulator trial; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral nerve field stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-119.

Decision rationale: The request for Peripheral nerve field stimulator trial is not medically necessary. The California MTUS Guidelines do not recommend a stimulator trial unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled by medications, medication intolerance, history of substance abuse, significant pain from postoperative conditions which limits the ability to perform an exercise program/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of the medication, a history of substance abuse, or any postoperative conditions that would limit the injured worker's ability to perform exercise programs or physical therapy treatment. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition which would demonstrate deficits needing to be addressed, as well as establish a baseline by which to assess objective functional improvement over the course of therapy. The provider's request does not indicate whether the peripheral nerve field stimulator was to be rented or purchased in the request as submitted. The site that the peripheral nerve stimulator was indicated for was not provided. As such, the request is not medically necessary.