

<b>Case Number:</b>	CM14-0122532		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Nevada. 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 records presented for review indicate that this 51 year old male was reportedly injured on July 8, 2010. The mechanism of injury was noted as an electrocution injury when the injured worker was holding metal stuff with his left arm and hammering with the right. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of low back pain and spasms. The physical examination demonstrated increased lumbar lordosis with restricted range of motion of the lumbar spine; well healed surgical scar was present with mild atrophy of paraspinal muscles; right sided sitting with straight leg raised 40 to 50 degrees; left sided sitting straight leg raised 50 to 60 degrees; and manual motor strength was 5/5, except right extensor hallucis longus (EHL) and plantar flexors, which were 4/5. Diagnostic imaging studies included an MRI of the lumbar spine dated March 7, 2014, which demonstrated spondylosis and stenosis above the fusion at L2 to L3. Pedicle screws were noted to be in place with partial bone fusion at L3 to L4, L4 to L5 and L5 to S1. Previous treatment included epidural steroid injections, physical therapy, and pharmacotherapy. A request was made for a peripheral nerve field stimulator, which was not certified in the preauthorization process on August 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Peripheral nerve field stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114 of 127.

**Decision rationale:** CA MTUS guidelines do not support peripheral nerve field stimulators, which are considered to be experimental in the treatment of low back pain. When considering that there are no guidelines that support this treatment, this request is not medically necessary.