

<b>Case Number:</b>	CM14-0167179		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/17/1997
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal Medicine, 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 (IW) is a 46-year-old man with a date of injury of May 17, 1997. The IW sustained extensive injury to the lumbar/sacral spine and pelvis after falling out of a tree 40 feet and sustained a shattered pelvis, which required surgical repair with internal fixation along the vertebral fracture, which also requires fusions at multiple levels. Pursuant to the primary treating physician progress note dated September 26, 2014, documentation states that that work compensation (WC) has denied medication and peripheral nerve stimulator (PNS) again. The IW is frustrated at this point because he feels like the PNS would enable him to wean off the Oxycontin. The IW has undergone years of physical therapy, He continues to report intractable pain in the lower back pain, buttocks area, pelvic pain, bilateral hip pain, right ankle pain, along with numbness to both lower extremities. The IW had been compliant with his medications, monthly follow-ups, and urine drug screens have always been consistent. This CURES reports also remains consistent. Current medications include: Oxycontin 40mg, Ibuprofen 800mg, Cosamin DS 500-400mg, Citrucel powder, Polyethylene glycol, and Levitra 20mg. Physical examination indicated that SLR negative, severe tenderness on the right lumbar facet joint and moderate tenderness on the SI joint, severe tenderness on the right ankle joint, range of motion very limited due to pain. He had normal sensation to pin prick in the upper extremities. Deep tendon reflexes in the upper and lower extremities were normal bilaterally. Diagnoses include: Lumbosacral root lesions; back pain, intractable; chronic pain syndrome; cauda equina syndrome with neurogenic bladder; arthritis, ankle; arthropathy ankle and foot, traumatic. New problems added: Pelvic pain; Lumbar radiculopathy. The following plan was documented on September 26, 2014: The prescription for Oxycontin 40mg 1 po every 12 hours will be renewed. The IW has verbalized understanding of the benefits, possible side effects and agrees to be compliant in

medication usage. He was instructed to continue with conservative treatment to include home exercise program, moist heat, and stretches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Superior cluneal nerve (PNS) trial x 4, reprogram stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical J. Pain; Jun: 26(5)359-72, Prospective Clinical Study Of A New Implantable Peripheral Nerve Stimulation Device To Treat Chronic Pain

**Decision rationale:** Pursuant to the Clinical J. Pain; Jun: 26(5)359-72, Prospective Clinical Study Of A New Implantable Peripheral Nerve Stimulation Device To Treat Chronic Pain, the superior Cluneal nerve (PNS) trial times 4, reprogram stimulator is not medically necessary. The Cluneal nerve stimulator is an investigational implanted peripheral nerve stimulator for treatment of chronic neuropathic pain. The results of the study suggested that the stimulator may be safe and effective for treating chronic peripheral neuropathic pain. In this case, the injured worker failed conservative treatment. A call was placed to the treating physician on September, 23, 2014 and a detailed message left on voicemail requesting a return call or to fax any additional information from the treating physician regarding the procedure. There was no other documentation in the record regarding response or additional information. The literature points to the investigational nature of the neurostimulator. This, in addition to the missing supplemental information resulted in a denial and consequently, the procedure was not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the Cluneal nerve stimulation trial (PNS) is not medically necessary.

**Anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**X-Rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Leads x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.