

Case Number:	CM14-0031163		
Date Assigned:	04/09/2014	Date of Injury:	01/06/2009
Decision Date:	05/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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: Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported a repetitive strain injury on 01/06/2009. Current diagnoses include lumbosacral plexus lesions, carpal tunnel syndrome, wrist sprain/strain, and neck sprain/strain. The injured worker was evaluated on 10/05/2013. The injured worker reported persistent 8/10 pain. Physical examination revealed tenderness to palpation with positive myospasm and positive Cozen's testing. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOCALIZED INTENSE NEUROSTIMULATION THERAPY OF THE LUMBAR:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, electrical neurostimulation, percutaneous electrical nerve stimulation, and biofeedback have no proven efficacy in treating

acute low back symptoms. There was no documentation of a comprehensive physical examination of the lumbar spine provided for this review. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.