

Case Number:	CM14-0038781		
Date Assigned:	06/27/2014	Date of Injury:	08/30/1995
Decision Date:	08/06/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 30, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy-discectomy surgery; subsequent lumbar fusion surgery; and opioid therapy. In a Utilization Review Report dated March 17, 2014, the claims administrator approved a request for ibuprofen, denied a request for a lumbar diskogram, denied a request for peripheral neurostimulator, and denied a request for intraoperative programming of said peripheral nerve stimulator. The applicant's attorney subsequently appealed. In a progress note dated February 26, 2014, the applicant was described as reporting persistent complaints of neck pain, low back pain, and bilateral lower extremity pain. The applicant reported paresthesias about the hands and digits. The applicant was status post left shoulder steroid injection and was also status post bilateral knee Synvisc injections, it was stated. The applicant had medical history notable for dyslipidemia and surgical history notable for the aforementioned L5-S1 lumbar fusion. Left lower extremity strength ranged from 4-5/5 with right lower extremity scored a 5/5. Upper extremity strength was also scored at 4-5/5 about the left upper extremity versus 5/5 about the right lower extremity. Lumbar diskography, physical therapy, Motrin, and electrodiagnostic testing were sought, as was percutaneous peripheral neurostimulator. It was stated that the percutaneous peripheral neurostimulator is being sought on the grounds that the applicant had failed other treatments. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L1-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The proposed implantable percutaneous peripheral neurostimulator appears to represent a form of percutaneous electrical neurostimulation, or PENS therapy. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, PENS is reserved for applicants who failed to get pain relief from a conventional TENS unit and/or therapeutic exercise. In this case, however, the attending provider has not clearly stated why the applicant cannot obtain a conventional TENS unit and/or stated that the applicant previously failed a conventional TENS unit and/or stated why or if a conventional TENS unit is contraindicated. Therefore, the request is not medically necessary.

Implantation of Percutaneous Peripheral Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Indications for stimulator implantation.

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

Decision rationale: The proposed implantable percutaneous peripheral neurostimulator appears to represent a form of percutaneous electrical neurostimulation, or PENS therapy. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, PENS is reserved for applicants who failed to get pain relief from a conventional TENS unit and/or therapeutic exercise. In this case, however, the attending provider has not clearly stated why the applicant cannot obtain a conventional TENS unit and/or stated that the applicant previously failed a conventional TENS unit and/or stated why or if a conventional TENS unit is contraindicated. Therefore, the request is not medically necessary.

Intra Operative Programming of Peripheral Neurostimulator.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Neurostimulation topic Page(s): 97.

Decision rationale: This is a derivative request, one which accompanied the request for the implantable percutaneous peripheral neurostimulator requested above. Since that request for

Implantation of Percutaneous Peripheral Neurostimulator was deemed not medically necessary, the derivative request for intraoperative programming of the same is likewise not medically necessary.