

Case Number:	CM14-0039588		
Date Assigned:	06/27/2014	Date of Injury:	11/13/2013
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 56 year old male. The patient sustained an injury to the cervical spine. The date of injury is November 13, 2013. A recent MRI dated January 15, 2004 indicates a C4-C5 disc herniation. The mechanism of injury is not documented in the records available for review. The patient complains of cervical neck pain as well as lumbar back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Localized Intense Neurostimulation Therapy 2x wk x3 wks (6): 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 Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation, p 98 Page(s): 98.

Decision rationale: According to the MTUS, PENS is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. According to the documents available for review, there is no evidence that less invasive methods as outlined in

the MTUS have been tried and failed. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.