

Case Number:	CM13-0038319		
Date Assigned:	12/18/2013	Date of Injury:	12/05/2007
Decision Date:	03/27/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 51-year-old male who reported an injury on 12/05/2007 due to an unspecified mechanism of injury. The injured worker had extensive conservative treatment and ultimately underwent lumbar fusion. The injured worker's postsurgical care included extensive physical therapy, epidural steroid injections, multiple medications, and activity modifications. The injured worker's diagnoses included chronic pain syndrome, postsurgical pain syndrome of the lumbar spine, lumbar radiculitis, lumbago, cervicgia, cervical radiculitis, and organic disorders initiating and maintaining sleep. The injured worker was evaluated on 10/08/2013. It was documented that the injured worker had restricted range of motion of the cervical spine with decreased sensation in the left L5 distribution with a positive straight leg raising test on the left side. It was noted that the injured worker had increased pain with exacerbation. The injured worker's treatment plan included continuation of medications, submission to a urine drug screen, and implantation of a percutaneous peripheral neurostimulator with intraoperative programming of the peripheral neurostimulator. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTATION OF PERCUTANEOUS PERIPHERAL NEUROSTIMULATOR:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Neurosci. Peripheral nerve stimulation for the treatment of chronic pain, Mobbs RJ, Nair S, Department of Neurosurgery, Institute of Neurological Sciences, The Prince of Wales Hospital

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

Decision rationale: The requested implantation of percutaneous peripheral neurostimulator is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of percutaneous neural modulation therapy as it is still considered investigational. There are not enough scientific data to support the efficacy and safety of this treatment. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested implantation of percutaneous peripheral neurostimulator is not medically necessary or appropriate.

INOPERATIVE PROGRAMMING OF PERIPHERAL NEUROSTIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Neurosci. Peripheral nerve stimulation for the treatment of chronic pain, Mobbs RJ, Nair S, Department of Neurosurgery, Institute of Neurological Sciences, The Prince of Wales Hospital

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.