

Case Number:	CM13-0065459		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2008
Decision Date:	03/26/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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: New York
 Certification(s)/Specialty: Internal 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 patient is a 60 year old female who was injured on 04/15/2008. The mechanism of injury is unknown. Prior treatment history has included the following medications: Zoloft, Ultram, Neurontin and Soma. Her diagnoses include cervical disc disease and lumbar disc disease. Diagnostic studies reviewed include an MRI of the cervical spine without contrast dated 01/03/2013 revealing: 1) Congenital small size of the canal with mild cervical spondylosis at C5-C6 and C6-C7 results in mild superimposed spinal canal stenosis. 2) Multilevel neural foraminal stenosis, most advanced at C5-C6 (moderate bilateral), C4-C5 (moderate left), C6-C7 (moderate left. 3) Straightening of the spine secondary to spasm or positioning. An MRI of the lumbar spine dated 06/17/2013 revealed a posterior disc bulges of 2 mm each at L2-3 and L5-S1 as well as 2-3 mm each at L3-4 and L4-5. PR-2 dated 11/01/2013 documented the patient to have complaints of low back pain. I have requested authorization for a peripheral nerve stimulator; this has not been authorized thus far. The purpose of this is to help stimulate the vagus nerve and it works in a very similar fashion at decreasing pain that acupuncture would be working. Objective findings on exam reveals 60 degrees of flexion and 10 degrees of extension. Negative straight leg raising. There is spasm in the lower back. There is 40 degrees of flexion and 10 degrees of extension. Diagnosis: Lumbar stenosis and bulging disc L3-4 and L4-5. PR-2 dated 11/14/2013 documented the patient with complaints of low back pain. On physical exam there is 60 degrees of flexion and 10 degrees of extension. Straight leg raising is negative. Ankle dorsi and plantar flexors 5/5. Quadriceps and iliopsoas are 5/5. The treating provider has requested a peripheral nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral nerve stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Percutaneous electrical nerve stimulation (PENS)

Decision rationale: Peripheral nerve stimulation (PNS) has been used for treatment of neuropathic pain for more than 40 years. PNS works well in both established indications, such as post-traumatic and postsurgical neuropathy, occipital neuralgia, and complex regional pain syndromes, and in relatively new indications for neuromodulation, such as migraines and daily headaches, cluster headaches, and fibromyalgia. There is no documentation indicating the claimant has failed medical therapy with Gabapentin for her neuropathic pain. There is no specific indication for a peripheral nerve stimulator. Medical necessity for the requested item has not been established. The requested item is not medically necessary.