MAXIMUS Federal Services

Case Number:	CM14-0198944		
Date Assigned:	12/23/2014	Date of Injury:	01/20/2004
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab 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:

The claimant has a history of a cumulative trauma work injury with a date of injury 01/20/04. He was seen by the requesting provider on 08/25/14. He was having low back pain radiating into the right leg rated at 9/10. He was having worsening right buttock pain. Physical examination findings included right lower extremity weakness and positive Gaenslen, Patrick, Fabere, and sacroiliac joint stressing tests. Authorization for a percutaneous neurostimulator and detox program were requested. Terocin was prescribed. On 11/13/14 pain was again rated at 9/10. Physical examination findings appear unchanged. There is reference to performance of a home exercise program. Other diagnoses referenced are narcotic addiction and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Neurostimulator for 4 days with removal 4th day; additional Percutaneous Neurostimulator to be placed weekly for 4 weeks followed by re-evaluation of Percutaneous Neurostimulators: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 190

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. Percutaneous electrical nerve stimulation involves inserting needles to a depth of 1 to 4 centimeters around a nerve serving a painful area. The techniques described in available studies differ and most of the studies are in chronic non-radicular back pain patients. It has not been convincingly demonstrated to be superior to other less expensive and / or proven interventions. It is not recommended outside of research settings. In this case it is being requested in the treatment of radicular pain. Therefore the requested treatments are not medically necessary.