

Case Number:	CM15-0004372		
Date Assigned:	01/16/2015	Date of Injury:	01/23/2010
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Neurological Surgery

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 54 year old female who suffered a work related injury on 01/23/10. Per the physician notes from 11/19/14, she complains of worsening depression and pain behavior, with associated increased abdominal pain, cramping, nausea, and headaches. Per the physician, she has findings of widespread pain syndrome following traumatic brain injury. He requested treatments include Lyrica, 4 day treatments of percutaneous neurostimulation, 4 surgery center visits, and permanent implantation of neurostimulation. These treatments were non-certified by the Claims Administrator on 12/11/4 citing MTUS guidelines. The non-certified treatments were subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 separate day treatments of Percutaneous neurostimulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter-Percutaneous Neurostimulation(PENS)

Decision rationale: ODG guidelines do not recommend PENS as a primary treatment modality. It may be used as an adjunct to an evidence based functional restoration program after other non-surgical treatments have failed. The provider has not provided evidence of enrolling the patient in such a program according to the documentation. The guidelines note that placement of the stimulating needles is determined by the proximity of the pain generator. The provider has not indicated where such areas are. Indeed since the worker has diffuse body pain and no evidence of radiculopathy or peripheral neuropathy selecting such locations would be daunting. Thus 4 separate day treatments of percutaneous neurostimulation is not medically necessary or appropriate.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Anti-epilepsy drugs-Pregablin

Decision rationale: Pregablin (Lyrica) is recommended for diabetic neuropathy. Documentation shows from the EMGs and Nerve conduction studies no evidence of a peripheral neuropathy in this worker. It has been approved for treatment of fibromyalgia but documentation does not show evidence the worker is considered to have fibromyalgia. Maximum dosage is considered to be 100mg three times a day. The request does not stipulate how often the medication was to be taken. Thus this request is not medically necessary or appropriate.

4 permanent implantation for neurostimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter- Percutaneous Neurostimulation(PENS)

Decision rationale: ODG guidelines do not recommend PENS as a primary treatment modality. It may be used as an adjunct to an evidence based functional restoration program after other non-surgical treatments have failed. The provider has not provided evidence of enrolling the patient in such a program according to the documentation. The guidelines note that placement of the stimulating needles is determined by the proximity of the pain generator. The provider has not indicated where such areas are. Indeed since the worker has diffuse body pain and no evidence of radiculopathy or peripheral neuropathy selecting such locations would be daunting. Thus permanent implantation for neurostimulation is not medically necessary or appropriate.

4 outpatient surgical center visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.