

Case Number:	CM15-0130141		
Date Assigned:	07/21/2015	Date of Injury:	04/30/1998
Decision Date:	09/03/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: California

Certification(s)/Specialty: Family Practice

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 71 year old female, who sustained an industrial injury on 4-30-1998. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar sprain, disc herniation, muscle spasms, radiculopathy, bilateral sacroiliitis, and chronic pain. Treatments to date include medication therapy, sacroiliac joint injection, and TENS unit. Currently, she complained of low back pain with numbness and weakness increasing in bilateral lower extremities. The pain was rated 9 out of 10 VAS. The records indicated there was limited improvement with a TENS unit. On 6-12-15, the physical examination documented positive Gaenslen's, Fabre's, and sacroiliac joint thrust tests. The lower extremities to have decreased sensation- numbness and weakness, noted to have progressed. The plan of care included a request to authorize a percutaneous neurostimulator implantation with four therapeutic treatments, weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous neurostimulator (unknown duration): 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 Nerve Stimulation Page(s): 97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of a Percutaneous Nerve Stimulator as a treatment modality. These MTUS Guidelines state that this form of treatment 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. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case, the records do not indicate that the patient meets the above-cited MTUS criteria: Specifically, that: Percutaneous Nerve Stimulation in this case is being 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. Given that there is insufficient evidence in the medical record to determine that the patient meets all of these above cited criteria, a Percutaneous Nerve Stimulator is not medically necessary. Finally, it should be noted that it would be expected that the request would include a time-limited trial in which objective outcome measures could be assessed to determine its efficacy in controlling the patient's symptoms.