

Case Number:	CM15-0130291		
Date Assigned:	07/16/2015	Date of Injury:	07/04/2011
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
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:

This is a 39-year-old male with a July 4, 2011 date of injury. A progress note dated May 27 2015 documents subjective complaints (lower back pain; limited range of motion of the lumbar spine; numbness to both legs; pain rated at a level of 9/10 most of the time), objective findings (weakness along with tingling and numbness in both legs is progressive; severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh; positive Gaenslen's and Patrick Fabre tests; severely positive sacroiliac joint thrust), and current diagnoses (lumbar sprain/strain; lumbar paraspinal muscle spasms/disc herniation; lumbar radiculitis/ radiculopathy of the lower extremities; sacroiliitis of the right sacroiliac joint; cervical sprain/strain; chronic pain). Treatments to date have included lumbar epidural steroid injection with 50% improvement, home exercise, physical therapy, acupuncture, and medications. The treating physician documented a plan of care that included percutaneous neurostimulator under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Neurostimulator under Fluroscopy Guidance 1 week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

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

Decision rationale: This injured worker receives treatment for chronic low back pain. This relates back to a work-related injury on 07/04/2011. The patient's diagnoses include lumbar disc disease with radiculopathy, sacroiliac joint inflammation, and opioid dependence. This review addresses a request for percutaneous neurostimulator insertion under fluoroscopic guidance. This patient has had TENS treatment, physical therapy, and acupuncture. The MTUS treatment guidelines state that this form of treatment is not recommended and is considered experimental. The current medical literature does not contain evidence from RCTs (randomized clinical trials) that this form of therapy gives a benefit beyond that of a placebo. Percutaneous neurostimulation is not medically indicated.