

Case Number:	CM15-0207418		
Date Assigned:	10/26/2015	Date of Injury:	07/04/2011
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: Preventive Medicine, Occupational 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 injured worker is a 39 year old male, who sustained an industrial injury on July 4, 2011. He reported immediate lumbar pain. The injured worker was currently diagnosed as having lumbar sprain and strain, lumbar paraspinal muscle spasms-disc herniation, lumbar radiculitis-radiculopathy of lower extremities, sacroiliitis of the bilateral sacroiliac joint and chronic pain. Treatment to date has included diagnostic studies, failed transcutaneous electrical nerve stimulation unit, oral medication and compound creams. A sacroiliac joint injection was noted to provide 50% improvement of weakness, tingling and numbness in the right lower leg, which sustained for 6 weeks. A bilateral epidural steroid injection, performed in April 2015, provided 50% improvement. Post injection, he reported improvement with weakness, tingling and numbness in the bilateral lower extremities. On August 19, 2015, the injured worker complained of pain over the bilateral buttocks radiating to posterior and lateral aspect of the thigh with numbness and tingling progressively increasing in severity. Physical examination revealed severe left sacroiliac joint inflammation with signs and symptoms of radiculitis-radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's and Patrick Fabre tests were positive. He was noted to be narcotic dependent. The treatment plan included bilateral sacroiliac joint injection under fluoroscopy guidance, implantation of Percutaneous Neurostimulators times four therapeutic treatments, Norco, Ambien, topical compound cream, urine drug screen on follow-up visits. On October 1, 2015, utilization review denied a request for P-Stimulation one time a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stimulation 1 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (PENS) 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, there is no evidence that the injured worker has attempted the use of TENS or that there is a contraindication to the use of TENS. The request for P-Stimulation 1 times a week for 4 weeks is determined to not be medically necessary.