

Case Number:	CM15-0032897		
Date Assigned:	02/26/2015	Date of Injury:	08/31/1999
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male, who sustained an industrial injury on 8/31/99. He has reported low back injury. The diagnoses have included lumbar radiculopathy, bilateral knee pain and myofascial pain. Treatment to date has included lumbar spine surgery, right knee surgery, oral medications, physical therapy and activity restrictions. Currently, the injured worker complains of low back pain worsening with cold weather. On 1/16/15 it is noted Lyrica, Mobic and Tramadol provide adequate analgesic along with transdermal creams. On 2/11/15 Utilization Review non-certified percutaneous electrical nerve stimulator 1 unit T1-T4, noting there is no documentation of failed response to TENS use and adequate analgesia is noted with Lyrica, tramadol and Mobic. The ODG was cited. On 2/19/15, the injured worker submitted an application for IMR for review of percutaneous electrical nerve stimulator 1 unit T1-T4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of neurostimulator T1-T4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous electrical nerve stimulation Page(s): 98.

Decision rationale: This 55 year old male has complained of low back pain and right knee pain since date of injury 8/31/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for implantation of a percutaneous neurostimulator T1-T4. Per the MTUS guidelines cited above, percutaneous neurostimulation 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 no documentation in the available medical records of a failure of TENS unit therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, implantation of a neurostimulator T1-T4 is not indicated as medically necessary.

Percutaneous electrical nerve stimulator unit T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous electrical nerve stimulation Page(s): 98.

Decision rationale: This 55 year old male has complained of low back pain and right knee pain since date of injury 8/31/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for a percutaneous electrical nerve stimulator unit, T1. Per the MTUS guidelines cited above, percutaneous neurostimulation 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 no documentation in the available medical records of a failure of TENS unit therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, percutaneous electrical nerve stimulator unit, T1 is not indicated as medically necessary.

Percutaneous electrical nerve stimulator unit, T2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous electrical nerve stimulation Page(s): 98.

Decision rationale: This 55 year old male has complained of low back pain and right knee pain since date of injury 8/31/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for a percutaneous electrical nerve

stimulator unit, T2. Per the MTUS guidelines cited above, percutaneous neurostimulation 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 no documentation in the available medical records of a failure of TENS unit therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, percutaneous electrical nerve stimulator unit, T2 is not indicated as medically necessary.

Percutaneous electrical nerve stimulator unit, T3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation Page(s): 98.

Decision rationale: This 55 year old male has complained of low back pain and right knee pain since date of injury 8/31/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for a percutaneous electrical nerve stimulator unit, T3. Per the MTUS guidelines cited above, percutaneous neurostimulation 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 no documentation in the available medical records of a failure of TENS unit therapy. On the basis of the available medical documentation and per the MTUS guidelines cited above, percutaneous electrical nerve stimulator unit, T3 is not indicated as medically necessary.

Percutaneous electrical nerve stimulator unit, T4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation Page(s): 98.

Decision rationale: This 55 year old male has complained of low back pain and right knee pain since date of injury 8/31/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for a percutaneous electrical nerve stimulator unit, T4. Per the MTUS guidelines cited above, percutaneous neurostimulation 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 no documentation in the available medical records of a failure of TENS unit therapy. On the basis of the available medical documentation and per the

MTUS guidelines cited above, percutaneous electrical nerve stimulator unit, T4 is not indicated as medically necessary.