

Case Number:	CM15-0083409		
Date Assigned:	05/05/2015	Date of Injury:	09/05/2000
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female who sustained a work related injury September 5, 2000. According to a supplemental physician's report, dated March 13, 2015, the injured worker presented with improvement in her overall pain complaints, sleep mood, and headaches after completing four four-day treatments of peripheral percutaneous neurostimulation. The physician would like additional treatments to ensure complete remission of her pain syndrome. Diagnoses are severe fibromyalgia with acute aggravation; severe cervical stenosis and degenerative spondylosis; severe lumbar spine stenosis with spondylolisthesis and stability; left knee internal derangement. At issue, is a request for 4 treatments of peripheral percutaneous neurostimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 4 treatments of peripheral percutaneous neurostimulators: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 97-98 of 127.

Decision rationale: Regarding the request for peripheral percutaneous neurostimulation, CA MTUS states that this type 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. Within the documentation available for review, there is no evidence that other forms of treatment have been exhausted and there is no documentation supportive of significant functional improvement from prior use of this treatment. In light of the above issues, the currently requested peripheral percutaneous neurostimulation is not medically necessary.