

Case Number:	CM15-0085742		
Date Assigned:	05/07/2015	Date of Injury:	10/26/2005
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia
 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 50 year old female, who sustained an industrial injury on October 26, 2005. The injured worker was diagnosed as having cervical myoligamentous injury with bilateral upper extremity radiculopathy, left greater than right, lumbar myoligamentous injury with bilateral lower extremity radiculopathy, left greater than right, reactionary depression/anxiety, medication induced gastritis, bruxism and teeth grinding leading to facial pain, and dermatitis, possible medication induced. Treatment to date has included MRIs, epidural steroid injections (ESIs), trigger point injections, cognitive behavioral psychotherapy, electro-myography (EMG), and medication. Currently, the injured worker complains of neck pain with headaches, lower back pain that radiates down both lower extremities, and depression. The Primary Treating Physician's report dated March 31, 2015, noted the injured worker responded to cervical epidural injections, with 60% relief lasting up to four months noted from the last one on November 12, 2014. The injured worker was also noted to respond to lumbar epidural steroid injections and trigger point injections throughout her neck and lower back. The injured worker was noted to remain on her current medical regimen, which allowed her to be as functional as possible throughout the day. The injured worker was noted to have a diffuse rash in her back, trunk, and extremities, having a difficult time identifying if and/or which of the medications were causing her rash. The injured worker's current medications were listed as Ultram ER, Ultracet, Lodine, Pepcid, Prilosec, Restasis ophthalmic solution, Cymbalta, Trazodone, Trileptal, Ativan, Vesicare, Synthroid, and Diltiazem. A urine drug screen (UDS) was noted to be performed. Physical examination was noted to show tenderness to palpation

with increased muscle rigidity of the cervical musculature, with numerous palpable and tender trigger points throughout the cervical paraspinal muscles, upper trapezius, medial scapular, and suboccipital regions, bilaterally, left greater than right, with decreased cervical range of motion (ROM). The lumbar paraspinal musculature examination was noted to show tenderness along the posterior lumbar musculature bilaterally, left greater than right with increased muscle rigidity bilaterally, and decreased range of motion (ROM). The treatment plan was noted to include requests for authorization for treatment with a percutaneous electrical nerve stimulator, refill of medications, upcoming evaluation with a psychiatrist, referrals to an urologist and dermatologist, request for light therapy, and request for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator (Neurostimulator) x 4 Treatments, Neck: 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) PENS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back, Neck, Pain, Percutaneous electrical nerve stimulation.

Decision rationale: CA MTUS is silent on the use of percutaneous electrical nerve stimulation. ODG addresses use in sections on Low back, Neck and Pain and states that it 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. Although there is documentation of failure of other conservative measures, there is no documentation of participation in a functional restoration program. Percutaneous electrical nerve stimulation is not medically necessary.