

Case Number:	CM14-0002561		
Date Assigned:	01/24/2014	Date of Injury:	02/05/1997
Decision Date:	06/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old who reported an injury on February 5, 1997. The injured worker was seen for a physical evaluation on November 25, 2013. The injured worker had chronic low back pain radiating down his bilateral posterior legs into the bottom of the heels, left greater than right. He reported that the percutaneous neurostimulator was helpful in reducing his pain but he only had one of three treatments. The injured worker reports Ultram ER 200mg use every day and the injured worker will start Lyrica 50mg three times a day. The physical examination is noted to be unchanged with allodynia over the bilateral lumbar scar. The assessment notes postlaminectomy syndrome lumbar, lumbago and myofascial pain. The treatment plan included refill of medications and trial of Lyrica, instructions on a home exercise program and use of a neurostimulator. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment is dated December 20, 2013 and submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(PENS) PERCUTANEOUS ELECTRICAL NERVE STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous electrical nerve stimulation Page(s): 97.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend Percutaneous Electrical Nerve Stimulator 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 (transcutaneous electric nerve stimulator), 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. The injured worker had a trial of PENS and continues with reported pain. In addition, the last physical evaluation did not document evidence based functional restoration. The request for a percutaneous electrical nerve stimulator is not medically necessary or appropriate.