

<b>Case Number:</b>	CM14-0116252		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This is a 55-year-old male with a 5/27/12 date of injury. The mechanism of injury occurred when he slipped and fell due to an oily floor surface. According to a handwritten progress report dated 5/7/14, the patient complained of cervical spine pain, thoracic spine pain, and lumbar spine pain rated as a 7/10. He also complained of left elbow pain rated as a 5/10. He also complained of right lower extremity radiating pain. He stated that his medications have been helping. Objective findings: mild tenderness to palpation of lumbar spine and left elbow. Diagnostic impression: left elbow sprain/strain, disc protrusion with osteoarthritis of cervical spine/thoracic spine/lumbar spine. Treatment to date: medication management, activity modification, epidural steroid injection (ESI), acupuncture. A UR decision dated 7/9/14 denied the request for localized intense neurostimulation therapy neck/thoracic/lumbar. In this case, there is no recent clinical evaluation. There is no evidence of a functional restoration program that would include the requested modality, there is no evidence that transcutaneous electrical nerve stimulation (TENS) has been tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intense Neurostimulation Therapy Neck/ Thoracic /Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Weiner, 2008; Ghoname-JAMA, 1999; Yokoyama, 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: LINT

**Decision rationale:** This is a 55-year-old male with a 5/27/12 date of injury. The mechanism of injury occurred when he slipped and fell due to an oily floor surface. According to a handwritten progress report dated 5/7/14, the patient complained of cervical spine pain, thoracic spine pain, and lumbar spine pain rated as a 7/10. He also complained of left elbow pain rated as a 5/10. He also complained of right lower extremity radiating pain. He stated that his medications have been helping. Objective findings: mild tenderness to palpation of lumbar spine and left elbow. Diagnostic impression: left elbow sprain/strain, disc protrusion with osteoarthritis of cervical spine/thoracic spine/lumbar spine. Treatment to date: medication management, activity modification, ESI, acupuncture. A UR decision dated 7/9/14 denied the request for localized intense neurostimulation therapy neck/thoracic/lumbar. In this case, there is no recent clinical evaluation. There is no evidence of a functional restoration program that would include the requested modality, there is no evidence that TENS has been tried and failed. Therefore, localized intense neurostimulation therapy neck/ thoracic /lumbar is not medically necessary and appropriate.