

<b>Case Number:</b>	CM14-0123031		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported an injury on 12/06/2012. The mechanism of injury was cumulative trauma. Her diagnoses were cervical spine pain, cervical disc displacement, low back pain, intervertebral disc displacement of the lumbar region, lumbar region radiculopathy, unspecified internal derangement of the bilateral knees, tear of the medial meniscus, anxiety disorder, mood disorder, sleep disorder, and stress. Her previous treatments included physical therapy, acupuncture, and medications. Her previous diagnostics included a lumbar spine MRI done on 06/07/2013 which showed disc protrusion at L4-5 and L5-S1 associated with foraminal stenosis bilaterally at both levels. She also had an MRI scan of the cervical spine and over the bilateral knees and electromyography studies of the upper and lower extremities. Her previous surgeries were irrelevant to her work related injury. On 06/18/2014, the injured worker complained of burning, radicular neck pain and muscle spasms. She described her pain as constant, moderate to severe, and 7/10 to 8/10 on a pain scale. She also complained of low back pain and described it as burning and muscle spasms. She rated her pain at 6/10 to 7/10 on a pain scale and described it as constant and moderate to severe. The pain reportedly traveled down her legs and was associated with numbness and tingling. She reported the pain was also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The physical examination of the cervical spine revealed +2 tenderness to palpation at the suboccipital region and over the spinal processes of the cervical region as well as tenderness of the atlas. The examination of the lumbar spine revealed that the spinous processes at L3-S1 were tender to palpation. The range of motion was decreased in the cervical and lumbar spine. Her medications included ibuprofen, omeprazole, and transdermal creams. The treatment plan

was for localized, intense neurostimulation therapy 1x9, cervical and lumbar. The rationale for the request and the Request for Authorization form were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Localized, Intense, Neurostimulation Therapy 1x9, Cervical and 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 ODG (Official Disability Guidelines)Hyperstimulation analgesia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Reverberi, C., Bonezzi, C. and Demartini, L. (2009), Peripheral Subcutaneous Neurostimulation in the Management of Neuropathic Pain: Five Case Reports. *Neuromodulation: Technology at the Neural Interface*, 12: 146-155. doi: 10.1111/j.1525-1403.2009.00201.x

**Decision rationale:** Based on the clinical information submitted for review, the request for localized, intense neurostimulation therapy 1x9, cervical and lumbar is not medically necessary. As noted on the Wiley Online Library by [REDACTED], spinal cord stimulator is an effective treatment option for neuropathic pain; however, spinal cord stimulation is unable to reach certain areas which includes the lumbar areas. Subcutaneous stimulation may be used with some degree of effectiveness when spinal cord stimulation is not appropriate for certain neuropathic pain syndromes. The injured worker reported that her symptoms persisted but the medications offered temporary pain relief and improved her ability to have restful sleep. It was noted that the injured worker underwent physical therapy and acupuncture but had only temporary relief. Furthermore, there was a lack of documentation that showed that she failed medication treatment for her pain. Also, as noted in the article, due to procedural issues, spinal cord stimulation would not be able to reach the lumbar area which would then not warrant neurostimulation therapy for the lumbar region. As such, the request for localized, intense neurostimulation therapy 1x9, cervical and lumbar is not medically necessary.