

Case Number:	CM14-0146642		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2012
Decision Date:	11/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 4-6-12. The claimant had a cumulative type injury due to repetitive physical stress and strain as a housekeeper. Medical Records reflect the claimant has been treated with medications. Office visit on 7-14-14 notes the claimant complained of radicular neck pain and muscle spasms, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, radicular mid back pain, bilateral knee pain and bilateral foot pain. On exam, the claimant had tenderness to palpation, normal strength in the upper extremities and intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulator therapy 1xwk x 6 wks thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an

adjunct to a program of evidence-based functional restoration. There is an absence in documentation noting that this form of treatment is indicated or that it will be an adjuvant to other treatment. Therefore, the medical necessity of this request is not established.