

Case Number:	CM14-0162103		
Date Assigned:	10/07/2014	Date of Injury:	10/07/2013
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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 38 year-old male who has reported neck, low back and leg pain after an injury on 10/7/13. A lumbar MRI showed bilateral L4-5 stenosis centrally and neuroforaminally. Electrodiagnostic testing showed right L4 and/or L5 radiculopathy. He has been diagnosed with lumbar strain, radiculopathy, and depression. Treatment has included oxycodone, Norco, tramadol, meloxicam, cyclobenzaprine, Lyrica, omeprazole, physical therapy, massage, electronic stimulation, heat pads, and acupuncture. On 9/4/14 the injured worker was evaluated by a pain medicine physician. There was ongoing low back and leg pain. Medications were initiated and "P-STIM" was requested "to aid in reduction of oral opioids". The indications and nature of P-STIM were not discussed further On 9/17/14, Utilization Review non-certified 4 sessions of "P-Stim" for the lumbar spine, noting the MTUS recommendations for PENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-stim 4 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, P-

Stimâ¿ (pulse stimulation treatment) See Auricular electroacupuncture. Auricular electroacupuncture

Decision rationale: The treating physician did not discuss the specific nature of "P-STIM" and did not provide any medical evidence in support of this treatment. The Utilization Review identified "P-STIM" as PENS. Per the cited guideline, "P-STIM" is not PENS. The MTUS does not address "P-STIM". The cited Official Disability Guidelines recommend against "P-STIM", noting the lack of medical evidence. Given this guideline recommendation and the lack of supporting information and evidence from the treating physician, the "P-Stim" treatment is not medically necessary.