

Case Number:	CM14-0182345		
Date Assigned:	11/07/2014	Date of Injury:	11/20/2011
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery 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:

The injured worker is a 46-year-old female who reported an injury on 11/20/2011. The injured worker reportedly sustained a lower back strain while stretching a wheelchair. The current diagnoses include lumbar spine radiculopathy and lumbar spine disc protrusion. The injured worker was evaluated on 09/18/2014. The injured worker reported an aggravation of lower back pain with a pain level of 8-9/10 with right lower extremity symptoms to include weakness, tingling, and numbness. Physical examination revealed increased tenderness to the right paravertebral and paraspinous process with 2+ spasm. The injured worker demonstrated an antalgic and slow gait and very painful and limited range of motion. There was a strong positive straight leg raise on the right at 60 degrees and positive peroneal stretch sign. Treatment recommendations included peripheral stimulation. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator Procedure (PTIM): Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of evidence based functional restoration and only after a failure of nonsurgical treatment. There is no documentation of a failure to respond to therapeutic exercise and/or TENS therapy. Additionally, the California MTUS Guidelines state there is a lack of high quality evidence to prove long term efficacy of percutaneous electrical nerve stimulation. Based on the clinical information received, and the California MTUS Guidelines, the request is not medically necessary.