

Case Number:	CM14-0026500		
Date Assigned:	06/16/2014	Date of Injury:	10/26/2009
Decision Date:	08/15/2014	UR Denial Date:	02/09/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with date of injury of 10/26/2009. Per treating physician's report 01/21/2014, the patient continues to have frequent intractable headaches and pain, low back pain with radiating symptoms, atrophy of the right leg with stork-like deformity for which peripheral nerve studies are pending. Listed diagnostic impression is chronic pain syndrome; right leg atrophy and weakness; narcotic dependency; chronic daily headache syndrome; Von Willebrand's disorder; pituitary prolactin secreting tumor with galactorrhea; status post right shoulder arthroscopic decompression ; and major depression, gastrointestinal (GI) reflux, irritable bowel syndrome. Under treatment and plan, it states, the patient is an excellent candidate for peripheral percutaneous nerve stimulation in light of the severity of her chronic headaches, sleep disorder, and depression. The patient apparently has failed all of the conservative treatment including transcutaneous electrical nerve stimulation (TENS) and therapy. The treater wants to target special cranial nerves, which will be able to reverse the severity of her headache syndrome, improve release of endorphin, and improve her sleep and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIUMULATION (NEUROSTIMULATOR):
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 Spinal cord stimulators (SCS) Page(s): 106-107.

Decision rationale: The patient presents with chronic headaches and low back pain. The treating physician has asked for percutaneous electrical nerve stimulator. Regarding electroceutical therapy or bioelectrical nerve blocks, MTUS Guidelines page 107 states not recommended. Electroceutical therapy, also known as bioelectric nerve block, is experimental and investigational for treatment of chronic pain that is back pain, diabetic pain, joint pain, fibromyalgia, headache, and complex regional pain syndrome (CRPS) because there is lack of scientific evidence regarding the effectiveness of this technology. Given the lack of support from MTUS Guidelines for electrical nerve stimulation type of therapy, recommendation is not medically necessary.