

Case Number:	CM14-0213859		
Date Assigned:	12/31/2014	Date of Injury:	03/09/2008
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63 year-old female with date of injury 03/09/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/17/2014, lists subjective complaints as pain in the low back. Conservative treatments to date include medications, physical therapy, and a spinal cord stimulator trial. According to the patient, these did not provide satisfactory relief. Patient is status post left-sided lumbar sympathetic nerve block which provided 50-60% pain relief for a few days before the pain started to come back. Objective findings: Requesting physician did not document any physical examination findings of the lumbar spine. Diagnosis: 1. ACL tear of left knee 2. Lateral and medial meniscus tears in left knee 3. Status post ACL allograft replacement and medial as well as lateral meniscectomies 4. Left patellofemoral joint syndrome 5. Diabetic polyneuropathy 6. Status post breast and colon cancer, non-industrial 7. Left thigh muscles atrophy 8. Chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral nerve field stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Therapy Page(s): 121.

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

Decision rationale: According to the Official Disability Guidelines, percutaneous neuromodulation therapy (PNT), Peripheral Nerve and Peripheral Nerve Field Stimulation is considered investigational and not recommended. Percutaneous neuromodulation therapy is a variant of PENS in which up to 10 fine filament electrodes are temporarily placed at specific anatomical landmarks in the back. PENS is also not recommended by the ODG. Peripheral nerve field stimulator trial is not medically necessary.