

Case Number:	CM15-0125905		
Date Assigned:	07/10/2015	Date of Injury:	04/12/2004
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 58-year-old female who sustained an industrial injury on 4-12-04. Diagnoses are post laminectomy syndrome-lumbar, right shoulder pain, depression; status post left shoulder arthropathy with arthroscopy, diabetes mellitus, and right knee arthropathy, unspecified disorder of the autonomic nervous system, chronic pain syndrome, and lumbosacral root lesions. In an operative report dated 12-8-14, the physician notes the injured worker has intractable chronic low back pain with bilateral radicular symptoms and bilateral shoulder pain. She has failed all conservative treatments inclusive of physical therapy, oral and compounded medications, transcutaneous electrical nerve stimulation, nerve blocks, cortisone injection, and multiple surgeries. In a follow up report dated 4-24-15, the treating physician notes right shoulder pain, lower back and bilateral leg pain that is rated at 6 out of 10 with medications. She reports that the aqua therapy has been helpful with improving ambulation and decreasing knee pain greater than 55%. Current medications are Zanaflex, Lyrica, Celebrex, and Kadian. The requested treatment is repeat neurostimulator treatment (percutaneous nerve stimulation) x 4 treatments over 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat neurostimulator treatment (percutaneous nerve stimulation) x 4 treatment over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular stimulation Page(s): 121.

Decision rationale: The California MTUS section on neuromuscular stimulation states: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The patient has not had a stroke and this is not part of a post stroke rehabilitation program. Therefore, the request is not medically necessary.