

Case Number:	CM15-0037172		
Date Assigned:	03/05/2015	Date of Injury:	03/04/2014
Decision Date:	05/29/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, California
 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:

This is a 58-year-old male patient, who sustained an industrial injury on 3/4/2014. The diagnoses have included cervical disc displacement, complex regional pain syndrome right arm and brachial neuritis. He sustained the injury due to falling backwards and injuring his head. According to the Primary Treating Physician's Progress Report dated 11/2/2014, he had complained of pain from the neck down both shoulders and down the right arm to the elbow. He has had an episode of headache and also an episode of dizziness. Physical exam revealed tenderness and spasm to the cervical spine. The medications list includes prednisone, gabapentin, Tylenol, Norco, diazepam, lactulose, Benadryl, meclizine, aspirin, cyproheptadine and clobetasol ointment. He has had EMG/NCS on 12/10/2014; CT head on 7/2/2014 with normal findings. He has had a cervical epidural steroid injection (ESI). He has had physical therapy and TENS for this injury. He was previously approved for 6 acupuncture visits in 7/2014. On 2/20/2015 Utilization Review (UR) non-certified a request for one permanent implantation auricular peripheral neurostimulator, one outpatient surgery center and one surgical implantation of peripheral stimulator array. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent implantation auricular peripheral neurostimulator in an outpatient surgery center: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

Decision rationale: 1 permanent implantation auricular peripheral neurostimulator. Auricular peripheral neurostimulator is a type of Percutaneous neuromodulation therapy. Per the cited guidelines, Percutaneous neuromodulation therapy is "Not recommended. Percutaneous neuromodulation therapy (PNT) is considered investigational."Therefore, there is no high-grade scientific evidence to support auricular peripheral neurostimulator implantation for this diagnosis. In addition, response to previous conservative therapy including physical therapy and acupuncture visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. 1 permanent implantation auricular peripheral neurostimulator is not medically necessary for this patient.

Surgical implantation of peripheral stimulator array: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1 surgical implantation of peripheral stimulator array Page(s): 98.

Decision rationale: 1 surgical implantation of peripheral stimulator array. Per the cited guidelines Percutaneous neuromodulation therapy is "Not recommended. Percutaneous neuromodulation therapy (PNT) is considered investigational."Therefore, there is no high grade scientific evidence to support auricular peripheral neurostimulator implantation for this diagnosis. As the medical necessity of permanent implantation auricular peripheral neurostimulator is itself is not fully established, the medical necessity of the request of 1 surgical implantation of peripheral stimulator array is also not fully established. 1 surgical implantation of peripheral stimulator array is not medically necessary for this patient.