

Case Number:	CM15-0067833		
Date Assigned:	04/15/2015	Date of Injury:	03/09/2008
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 64-year-old female sustained an industrial injury to the left knee on 3/9/08. Previous treatment included magnetic resonance imaging, electromyography, left knee surgery times five, spinal cord stimulator trial, lumbar sympathetic blocks, physical therapy, home exercise and medications. In a follow up noted 3/6/15, the injured worker complained of severe pain with weakness rated 6-8/10 on the visual analog scale without medications and 4-5/10 with medications. Physical exam was remarkable for left knee with restricted range of motion, mild flexion contracture, allodynia, hyperalgesia, tenderness to palpation across the medial joint and diminished sensation to light touch. Current diagnoses included lateral and medial meniscus tears, ACL tear of left knee, left patellofemoral joint syndrome, diabetic polyneuropathy, status post breast and colon cancer, left thigh muscle atrophy and chronic myofascial pain syndrome. The physician noted that the injured worker had seen an orthopedic surgeon who recommended no total knee replacement. The treatment plan included a peripheral nerve field stimulator trial, as she could not have total knee replacement, continuing home exercise and medications (Morphine ER, Neurontin and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral nerve field stimulator (Medtronic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines percutaneous electrical nerve stimulator (PENS) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occipital nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

Decision rationale: The requested Peripheral nerve field stimulator (Medtronic) is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has severe pain with weakness rated 6-8/10 on the visual analog scale without medications and 4-5/10 with medications. The treating physician has documented left knee with restricted range of motion, mild flexion contracture, allodynia, hyperalgesia, tenderness to palpation across the medial joint and diminished sensation to light touch. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Peripheral nerve field stimulator (Medtronic) is not medically necessary.