

Case Number:	CM15-0072532		
Date Assigned:	04/22/2015	Date of Injury:	03/13/2003
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 52 year old male, who sustained an industrial injury, March 13, 2003. The injured worker previously received the following treatments Oxycodone, Soma, home exercise program, random toxicology laboratory studies, EEG (electroencephalogram), pulmonary stress test, spinal cord stimulator placement and removal and a lumbar spine CT scan. The injured worker was diagnosed with status post lumbar spine surgery with bilateral radiculopathy of the upper and lower extremities, depression and failed back syndrome. According to progress note of March 18, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was taking Soma, Oxycodone and continuing with home exercise for pain control. According to the provider the injured worker had not responded to conservative treatments. Although medications and therapy initially helped, the injured worker had decrease pain control and functional capabilities. The injured worker was unable to perform activities of daily living such as driving, grocery shopping and routine errands. The treatment plan included 6 percutaneous electrical nerve stimulation trial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation Trial Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

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 electrical nerve stimulation (PENS).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain including a diagnosis of failed back surgery syndrome. Prior treatments had been an extensive including a failed spinal cord stimulator. When seen, he had back pain rated at 9/10 radiating to the lower extremities. There was decreased lumbar spine range of motion with tenderness and muscle spasms and positive straight leg raising bilaterally. He was ambulating with a quad cane and had an antalgic gait. A second surgical opinion was being requested. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. In this case, the requested treatment is not being done as an adjunct to a program of evidence-based functional restoration which would be potentially effective in this case. Therefore the requested Peripheral Electrical Nerve Stimulation Treatments are not medically necessary.