

---

## Independent Medical Review Final Determination Letter

██████████  
██████████  
██████████

Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0010410	<b>Date of Injury:</b>	5/13/2002
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	7/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/13/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Deep brain stimulator/intrathecal pain pump, percutaneous electrical neurostimulator		

DEAR ██████████,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

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

The patient is a 42 year old woman injured 5/13/2002. She has had treatment with surgical fusion, chiropractic, and multiple oral medications, including Kadian, amitriptilline, Cymbalta, trazadone, norco, ibuprofen. She has had continued low back pain and shooting pains. Examination showed limited lumbar ROM, paraspinal tenderness, and largely preserved strength, with giveway attributed to pain. Diagnoses have included post laminectomy syndrome, radiculitis, lumbago, insomnia. Prior spinal cord stimulator provided no benefit. Percutaneous electrical neurostimulator was requested for pain flare-ups, and was denied. Psychiatric assessment revealed depression with advise for immediate psychiatric treatment. Clarification from the provider was that no request was being submitted for deep brain stimulator or pain pump.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. deep brain stimulator/intrathecal pain pump is not medically necessary and appropriate.**

The Claims Administrator based its decision on an article found at the following website: <http://www.ncbi.nlm.nih.gov/pubmed/17314661>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 54, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain guideline criteria are not met, as 1st, the treating MD has not advised the therapy, and further, there is no objective documentation of pathology, and psychologic evaluation advised psychiatric treatment for depression. No temporary trial of intrathecal pain medication has been done documenting benefit.

**2. percutaneous electrical neurostimulator is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 52-54, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 97, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Guidelines note that Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS. A RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008). Guidelines state: 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. PENS is not advised, as the patient does not meet guidelines – TENS has not been documented to have been tried and failed.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0010410