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| <b>Case Number:</b>   | CM13-0010989 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 05/12/1986 |
| <b>Decision Date:</b> | 05/20/2014   | <b>UR Denial Date:</b>       | 08/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient submitted a claim for chronic pain syndrome associated with an industrial injury from May 12, 1986. Treatment to date has included lumbar laminectomy and discectomy of March 1990, TENS unit, physical therapy, psychotherapy, trigger point injections, home exercise program, FRP, and medication including multiple opiate analgesics. Medical records from 2013 were reviewed showing an almost 3 decade long history of chronic pain with multiple modalities of treatment being tried, which included surgery, and has not been significantly relieved. Prior to requesting for the electrostimulator, the patient was taking OxyContin 40 mg 3 times a day, Tylenol No. 4 twice a day, and Xanax 1 mg 3 times a day for anxiety. Pain levels were reported to be at 3-4/10 on the VAS pain scale. Physical exam demonstrated decreased range of motion for the lower back and tenderness over the paraspinal and buttocks muscles. The progress notes from last quarter of 2013 showed the patient reporting pain at the level of 3/10 with a decrease of OxyContin use to 10 mg 4 times a day. The requesting physician indicated that the current medications made the patient lethargic and unable to function properly. However, The pain is described to be unbearable without pain medications. The patient is noted to attend gym twice a week and participates in a home exercise program. The functional status of the patient was not described in the documentation submitted for review. A utilization review from August 8, 2013 denied the request for percutaneous implantation of a neurostimulator electrode array; peripheral nerve (excludes sacral nerve).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCUTANEOUS PERIPHERAL NERVE STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,97.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation is not recommended as the primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments, including therapeutic exercise and tends, have been tried and failed or judged to be unsuitable or contraindicated. Additionally the MTUS guidelines also states that peripheral nerve stimulation could be considered with CRPS-II in patients with dystonia, failed neurostimulation, long- standing disease, multi-limb involvement and requirement of palliative care. In this case, the patient has a long history of chronic pain with multiple treatment modalities being tried. The patient was currently on opioid medications which has controlled the pain to 3-4/10; however, this was noted to be making the patient lethargic. Progress notes in October and December of 2013 showed that the patient decrease medication usage and has maintained a pain level of 3/10. The exact functional status of the patient was not clearly documented. While the physician is trying to minimize medication usage, it is unclear how a low pain score is affecting every day functions. The December 2013 progress note did not describe the lethargic condition of the patient with the decreased medication usage. Therefore, the request for a Percutaneous Peripheral Never Stimulator is not medically necessary and appropriate.