

<b>Case Number:</b>	CM13-0052170		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/09/2004
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 is a 50-year-old female who was injured on November 9, 2004. The patient continued to experience severe foot pain, left leg pain, and left wrist pain. Physical examination is notable for deformity left wrist with decreased range of motion, swelling and tenderness to left lower extremity with hyperalgesia and allodynia, and tenderness along right lateral metatarsal. X-rays showed non-displaced right foot fracture and non-healing left foot second to fifth metatarsal fractures. Diagnoses included fibromyalgia, major depressive disorder, morbid obesity, bilateral foot metatarsal fractures with non-healing left foot fractures, and complex regional pain syndrome. Treatment included medications, physical therapy, TENS unit, and psychotherapy. Conservative therapy was not successful. Request for authorization for percutaneous electrical nerve stimulation was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCUTANEOUS ELECTRICAL NERVE STIMULATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); and California MTUS Percutaneous electrical nerve stimulation (PENS).

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

**Decision rationale:** Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality. A trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, and other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. 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, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case the patient was morbidly obese. However the patient was not participating in a functional restoration program, a condition of for a trial of the therapy. The conditions for recommendation are not met. The request for percutaneous electrical nerve stimulation is not medically necessary.