

<b>Case Number:</b>	CM13-0057579		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/08/1998
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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. 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:

This is a 56 year-old female who was injured on 9/8/1998. According to the 11/4/13 report from [REDACTED], the current assessment is lumbar postlaminectomy syndrome; and lumbar myofascial pain syndrome. A Percutaneous Electrical Nerve Stimulator (PENS) was requested. On 11/13/12 a utilization review denied the request for PENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97-98. Decision based on Non-MTUS Citation the ACOEM

**Decision rationale:** The patient presents with chronic low back pain, post-laminectomy syndrome. According to the medical records provided for review, the patient has failed TENS use and conservative care and the physician requests PENS therapy, but then requests to use a device that "differs from traditional percutaneous electrical nerve stimulation." While the MTUS Chronic Pain Guidelines do suggest a trial of PENS for this patient's presentation, the device the

physician is requesting is not a traditional PENS therapy device. The vendor calls this device PSTIM, not PENS, and the mechanism of analgesia is not the same as PENS. The device the physician describes is experimental. The PSTIM article that was provided states the mechanism of analgesia is the result of neuromodulation, and while the device is different from traditional neuromodulation therapy devices, the MTUS Chronic Pain Guidelines specifically state percutaneous neuromodulation therapy is not recommended. The request is not medically necessary and appropriate.