

<b>Case Number:</b>	CM14-0005536		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old male who reported an injury on 08/06/2010 due to a repetitive motion injury. Within the clinical note dated 11/14/2013, it was revealed that the injured worker complained of severe chronic pain syndrome with depression as well as orthopedic complaints of the lumbar spine, and gastrointestinal complaints related to stress induced GERD with constipation. The physical exam revealed that the injured worker had restricted movements and severe lumbar spine tenderness. The diagnoses of the injured worker included severe chronic pain syndrome, L3-5 disc disruptions with L3-4 retrolisthesis and kyphosis, metabolic syndrome, and hypertension. The injured worker's pain medication was listed as Nucynta without a provided dosage and frequency. The Request for Authorization was dated 12/12/2013 with a provided rationale of pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 OUTPATIENT (PENS) PERCUTANEOUS PERIPHERAL NERVE STIMULATION TREATMENT X 3: 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 Percutaneous electrical nerve stimulation (PENS Page(s): 97.

**Decision rationale:** The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality. A trial may be considered if used as an adjunct to a program of evidence-based functional restoration after other nonsurgical treatments including therapeutic exercises and TENS have been judged to be unsuitable or contraindicated. The guidelines further state that PENS is generally reserved for patients who have failed to get pain relief from TENS, apparently due to obvious physical barriers due to the conduction of the electrical stimulation. Within the submitted documentation, there was no mention of the physical barriers that would provide a reason why the TENS approach would not be appropriate. Furthermore, there was no documentation that showed previous utilization of a TENS unit or utilization of physical therapy or other active modalities to treat the pain. Without the documentation of failed physical modalities and a trial of TENS that also failed to show the injured worker had obvious physical barriers to the conduction of a TENS unit, the request at this time cannot be supported by the guidelines. As such, the request for 3 outpatient (PENS) percutaneous peripheral nerve stimulation treatment x 3 is not medically necessary.