

<b>Case Number:</b>	CM14-0008338		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 is a 43-year-old female who has submitted a claim for cervical post laminectomy pain syndrome, right carpal tunnel syndrome, chronic daily headache syndrome, and chronic pain syndrome, associated with an industrial injury date of December 21, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of cervical pain, rated 6/10, radiating to the right upper extremity and shoulder and associated with frequent headaches and neck stiffness. She also had intermittent right shoulder pain, rated 7/10, radiating to the right arm and associated with grinding and crepitation of the right shoulder. On physical examination, there was a well-healed anterior and posterior neck incision. There was tenderness of the right paracervical muscles. Axial head compression test was positive on the right while Spurling sign and facet tenderness were negative. Cervical spine range of motion was restricted on all planes. Shoulder range of motion was within normal limits. Impingement, supraspinatus, O'Brien, anterior drawer, and Yergason's tests were negative bilaterally. No sensorimotor deficits of the upper extremities were noted. Deep tendon reflexes of the upper extremities were normal and symmetrical. Treatment to date has included medications, physical therapy, right shoulder rotator cuff repair, anterior cervical spine fusion, anterior-posterior cervical spine fusion, trigger point injections, psychiatric treatment, occipital nerve block, and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PERCUTANEOUS ELECTRICAL NERVE STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to page 97 of the California MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation (PENS) is 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 non-surgical treatments, including therapeutic exercise, and TENS have been tried and failed. In this case, the request for percutaneous peripheral nerve stimulation for chronic refractory pain and daily headaches was made because the patient had not responded to conservative treatment including therapy, TENS, and medication management. However, the medical records did not show that the patient was participating in a program of evidence-based functional restoration. The guidelines clearly state that PENS is not recommended as a primary treatment modality. Therefore, the request is not medically necessary.