

<b>Case Number:</b>	CM14-0009162		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/22/1998
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Neurological Surgery, 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 claimant is a 53 year old female who was injured on October 22, 1998. On November 25, 2013, the clinician indicates that the percutaneous electrical nerve stimulation will be a portion of the chronic pain management program intent to detox this individual for the chronic narcotic medications. The clinical progress note dated September 30, 2013 indicates the claimant failed all other conservative treatments, including TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCUTANEOUS ELECTRICAL NERVE STIMULATOR (NEUROSTIMULATOR) 3 UNITS PER TREATMENT (CONTINUOUS 4 DAYS) X 3 TREATMENTS OVER 30 DAYS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PERCUTANEOUS ELECTRICAL NERVE STIMULATION (PENS),

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend percutaneous electrical nerve stimulation as an adjunctive treatment, but not a standalone therapy. Additionally, the Chronic Pain Medical Treatment Guidelines note that a previous trial of physical therapy and a TENS unit should have been attempted before trying percutaneous electrical nerve stimulation. Based on the clinical documentation provided, this intervention is being used in conjunction with a chronic pain program and to detox this individual for chronic narcotic medications. Additionally, a previous trial with the transcutaneous electrical stimulation (TENS) unit was attempted and failed. As such, the request is considered medically necessary.