

<b>Case Number:</b>	CM14-0182927		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & 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 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 42-year-old female with a date of injury of 12/19/2012. The listed diagnoses are: 1) Status post blow to face with cervical sprain/strain and persistent headaches, 2) Bilateral upper extremity radicular symptoms, 3) Preexisting gastrointestinal condition diagnosed as GERD and irritable bowel syndrome, 4) Nasal bone fracture and nasal septum fracture with nasal valve stenosis and hypertrophy of nasal. According to progress report 10/14/2014, the patient presents with neck and upper back pain and headaches. The patient's treatment history includes multiple oral medications, chiropractic treatment, acupuncture, and physical therapy. Physical examination of the cervical spine revealed bilateral cervical paraspinal tenderness left greater than right and minimal palpable muscle spasms. This is a request for PENS treatment. Utilization review denied the request on 10/27/2014. Treatment reports from 06/16/2014 through 10/14/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENS treatment, body part (s) unspecified- QTY 4: 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  
Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

**Decision rationale:** This patient presents with neck and upper back pain and headaches. Treater is requesting a PENS treatment, body part(s) unspecified - qty 4. Progress report 10/14/2014 states that the neurostimulator is medically necessary to provide best chance of effective improvement for the patient. The treater recommends "4 separate treatments, over the course of 30 days of percutaneous electrical stimulation of the targeted peripheral nerve in an effort to reduce the patient's pain levels, decrease narcotic medication consumption, reduce overall inflammation, and improve functional levels." Per MTUS Guidelines page 97, 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 other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed." MTUS further states, "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, review of reports from 6/16/14-10/14/14 do not discuss prior trial of a TENS unit. MTUS requires patient first try physical therapy and TENS before a PENS unit may be considered. The request is not medically necessary.