

<b>Case Number:</b>	CM14-0130127		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/17/2000
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 49 year old male, who sustained an industrial injury on 06/17/2000. He reported low back pain. The injured worker has been treated (08/19/2009) with a L2-L4 fusion and has a slow recovery and flare-ups. He has chronic low back pain, chronic pain syndrome, neuropathic pain of the lower extremities, a disc protrusion at L5-S1 with bilateral neuroforaminal stenosis, bilateral L5-S1 radiculopathy, facet arthroplasty at L3-S1 bilaterally, right S1 nerve impingement, lumbar radiculopathy and failed back surgery syndrome, increased flare-up of low back and lower extremity pain, opioid dependence and tolerance, anxiety and depression, status post left thigh intervascular stent, acute flare-up low back pain and insomnia due to pain, numbness and tingling. Treatment to date has included oral pain medications, and medications for sleep. Currently, the injured worker complains of low back pain with radicular symptoms left worse than right. Treatments plans include a transforaminal epidural steroid injection, a P-Stim (percutaneous stimulator) unit, Ambien, Roxicodone, and compounded topical creams. Requests for authorization under consideration in this request are a P-stimulator unit x1, and Transforaminal epidural steroid injection left L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P-stimulator unit x1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** The claimant is nearly 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. It 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, for example due to scar tissue or obesity. In this case, prior treatment with TENS was unsuccessful. The claimant is noted to be obese. The treatment requested is to be done in combination with a home based exercise program intended to improve the claimant's function. Therefore the requested percutaneous electrical peripheral nerve stimulation trial treatments are medically necessary.