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| <b>Case Number:</b>   | CM14-0203807 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 08/09/2006 |
| <b>Decision Date:</b> | 02/06/2015   | <b>UR Denial Date:</b>       | 12/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 Rehab, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of October 20, 2006. A utilization review determination dated November 21, 2014 recommends noncertification of percutaneous electrical nerve stimulation. Noncertification is recommended due to lack of documentation that this treatment will be used as an adjunct to a program of evidence-based functional restoration and no clear evidence of significant functional improvement as a result of prior electrical stimulation treatments. A pain management consultation dated November 6, 2014 identifies subjective complaints of low back pain which radiates into the right lower extremity. The note indicates that the patient has previously undergone physical therapy, massage, electrical stimulation, heat pads, and other modalities. "She reports that the treatment offered no benefit." In 2007, she underwent similar treatment and states that "the treatment offered great benefit." The patient has difficulty with activities of daily living including showering and getting dressed. Physical examination reveals trigger points in the trapezius, deltoid, and right upper extremity area, normal motor and sensory exam of the upper extremity, slight weakness in the lateral calves, and trigger points in the lumbar spine. Diagnoses include chronic right shoulder pain, chronic cervical strain, chronic lumbar strain, and probable lumbar radiculitis. The treatment plan states that the patient is reluctant to use medication. Therefore, a percutaneous electrical nerve stimulator is recommended. The note states that the patient has "tried and failed tens treatments in the past as well as physical therapy, medication, and nonsurgical modalities. The note states that a home exercise program will be used as an adjunct to neurostimulator treatment. A letter of medical necessity dated November 17, 2014 states that the use of tens in chronic low back pain is controversial. The note goes on to indicate that patients generally get initial relief of 70-80% but after a few months or longer it decreases to 20-30%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulation, 4 separate treatments over the course of 30 days cervical and lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** Regarding the request for percutaneous electrical nerve stimulation, Chronic Pain Medical Treatment Guidelines state that it 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 nonsurgical treatments including therapeutic exercise and TENS have been tried and failed. ODG points out that PENS is an invasive modality and requires a skilled operator. Within the documentation available for review, there are conflicting reports regarding the patient's benefit from TENS unit therapy. The requesting physician states that the patient had "no benefit" from numerous modalities including TENS and one paragraph later states that the patient had "great benefit" from numerous modalities including TENS. Additionally, it is unclear whether the patient has failed all other reasonable nonsurgical treatments. Trigger points are identified on physical examination, and it is unclear whether trigger point injections have been attempted. In the absence of clarity regarding those issues, the currently requested percutaneous electrical nerve stimulation is not medically necessary.