

<b>Case Number:</b>	CM14-0205381		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 year old employee with date of injury of 10/01/01. Medical records indicate the patient is undergoing treatment for carpal tunnel syndrome; pain in joint involving shoulder region; pain in joint involving upper arm; neck pain and cervical radiculopathy. Subjective complaints include constant pain in her bilateral wrists which worsens with certain movements. Pain medicine, including topical creams, help with the pain. Her pain is 7/10 with medication and 10/10 without. She has neck and shoulder pain that radiates to bilateral arms. At times, there is tingling and numbness in her fingers. She feels isolation, depression and feelings of worthlessness. Cymbalta helped these symptoms but was discontinued due to insurance coverage issues. Objective findings include tenderness to the cervical spine and and cervical paraspinals. Range of motion of the cervical spine is limited to pain. Treatment has consisted of Tramadol, Gabadone, Naproxen, Flurbiprofen Cream, Cymbalta, Lexapro, Prilosec, home exercise, acupuncture and psychopharmacotherapy. The utilization review determination was rendered on 11/13/14 recommending non-certification of a Percutaneous Electrical Nerve Stimulator with HRV/ANS Monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulator with HRV/ANS Monitoring:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Percutaneous electrical nerve stimulation (PENS) Page(s): 54, 114-116, 118-120.

**Decision rationale:** MTUS states that "Percutaneous electrical nerve stimulation (PENS) 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 or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. 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). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) See also TENS."MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection."The treating physician plans on utilizing a PENS unit along with acupuncture, and a home exercise program. In addition the treating physician documents failed conservative therapy. However, the treating physician did not detail a trial and failure of a TENS unit or why a TENS unit was medically contraindicated. As such, the request for Percutaneous Electrical Nerve Stimulator with HRV/ANS Monitoring is not medically necessary.