MAXIMUS Federal Services

| Case Number: | CM15-0001123 | | |
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| Date Assigned: | 01/12/2015 | Date of Injury: | 01/31/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

## 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: North Carolina
Certification(s)/Specialty: Family Practice

## 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 is a 48 year old male who sustained an industrial injury on 1/31/12. The injured worker reported symptoms in the back. The diagnoses included status post decompressive laminectomy at L4 with a microdiscectomy at L4-5 on the left on 9/10/12, status post fracture of L2 with 20% loss of vertebral body height, mild disc space narrowing at L5-S1, left smaller foraminal disc bulge at L3-L4 with mild foraminal narrowing, subacute left L5 radiculopathy with 3+/4 denervation (per EMG 12/17/12), right foraminal narrowing at L5-S1, trial of a dorsal column stimulator and chronic active left L5-S1 radiculopathy with finding suggestive of subacute reinnervation. Treatments to date have included percutaneous electrical nerve stimulator placement on 4/13/66, L4 laminectomy and discectomy on 9/10/12, physical therapy, aquatic therapy, and oral pain medications. Provider documentation dated 11/18/14 noted the injured worker presents as "highly symptomatic with back and lower extremity complaints", also noted was the injured workers decreased range of motion and decreased sensation in the left lower extremity. The treating physician is requesting Percutaneous Electrical nerve Stimulators (Neurostimulator treatments) with HRV/ANS monitoring, 4 treatments over 30 days.On 12/1/14, Utilization Review non-certified a request for additional Percutaneous Electrical nerve Stimulators (Neurostimulator treatments) with HRV/ANS monitoring, 4 treatments over 30 days. The MTUS, ACOEM Guidelines, (or ODG) was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional percutaneous electrical nerve stimulator (neurostimulator treatments) with HRV/ANS monitoring 4 treatments over 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

**Decision rationale:** The California MTUS section PENS states: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. (Ghoname-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. The documentation fails to show a failure of response to an adequate TENS trial. There is also no mention of a concomitant evidence-based functional restoration program being using with the PENS. Therefore all criteria for the use of PENS have not been met and the request is not certified.