

<b>Case Number:</b>	CM15-0019800		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 45 year old male sustained a work related injury on 06/28/2013. According to a progress report dated 11/03/2014, the injured worker complained of pain in the cervical region of the back which radiated to the neck and down to the shoulders. A numbness tingling pain was felt in the shoulders. Pain was lessened with medication. The injured worker reported that he had 2 epidural injections last year and they helped reduce his pain by greater than 60 percent for about 4-6 weeks, but then his pain returned. However, for those 6 weeks he was able to decrease his medication use by 50%. According to the provider, the injured worker had failed multiple conservative therapies including physical therapy, nonsteroidal anti-inflammatory drugs, TENS and various medications trials for greater than 6 months without benefit. Diagnoses included chronic pain syndrome, neck pain, cervical radiculopathy, cervical radiculopathy, spinal enthesopathy and fasciitis unspecified. Plan of care included C5-C6 epidural steroid injection and Neurostimulator Treatment (Percutaneous Electrical Nerve Stimulator) 4 treatments over 30 days. The injured worker was temporarily totally disabled. On 01/20/2015, Utilization Review non-certified percutaneous electrical nerve stimulator placement at T1 quantity: 1 to be performed at outpatient surgical center, percutaneous electrical nerve stimulator placement at T2 quantity: 1 to be performed at outpatient surgical center, percutaneous electrical nerve stimulator placement at T3 quantity: 1 to be performed at outpatient surgical center and percutaneous electrical nerve stimulator placement at T4 quantity: 1 to be performed at outpatient surgical center. According to the Utilization Review physician, the requested form of electrostimulation is very similar to P-Stim, a form of auricular electroacupuncture, which is not recommended by

evidence-based guidelines. The provider stated that the requested course of treatment was not electroacupuncture but ignored the fact that the requested electrical stimulation is to be performed away from the site of pain which is not consistent with PENS. The injured worker previously reported benefit from cervical epidural steroid injection, noted pain relief with medication and has yet to fail a documented trial with TENS. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percutaneous electrical nerve stimulator placement at T1, quantity: 1 to be performed at outpatient surgical center: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**Decision rationale:** 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. 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, or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the patient has neck pain. The provider is requesting electrical stimulation with PENS to be performed away from the site of pain, which is not consistent with PENS. The requested form of electrostimulation is very similar to P-stim, a form of auricular electroacupuncture, which is not recommended by evidence-based guidelines. Also, the patient has previously reported benefit from cervical epidural steroid injections, has noted pain relief with medications, and has yet to have failed a documented trial with TENS. Medical necessity for the requested treatment has not been established. The requested treatment for percutaneous electrical nerve stimulator placement at T1, is not medically necessary.

**Percutaneous electrical nerve stimulator placement at T2, quantity: 1 to be performed at outpatient surgical center: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**Decision rationale:** 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. 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, or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the patient has neck pain. The provider is requesting electrical stimulation with PENS to be performed away from the site of pain, which is not consistent with PENS. The requested form of electrostimulation is very similar to P-stim, a form of auricular electroacupuncture, which is not recommended by evidence-based guidelines. Also, the patient has previously reported benefit from cervical epidural steroid injections, has noted pain relief with medications, and has yet to have failed a documented trial with TENS. Medical necessity for the requested treatment has not been established. The requested treatment for percutaneous electrical nerve stimulator placement at T2, is not medically necessary.

**Percutaneous electrical nerve stimulator placement at T3, quantity: 1 to be performed at outpatient surgical center:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**Decision rationale:** 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. 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, or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the patient has neck pain. The provider is requesting electrical stimulation with PENS to be performed away from the site of pain, which is not consistent with PENS. The requested form of electrostimulation is very similar to P-stim, a form of auricular electroacupuncture, which is not recommended by evidence-based guidelines. Also, the patient has previously reported benefit from cervical epidural steroid injections, has noted pain relief with medications, and has yet to have failed a documented trial with TENS. Medical necessity for the requested treatment has not been established. The requested treatment for percutaneous electrical nerve stimulator placement at T3, is not medically necessary.

**Percutaneous electrical nerve stimulator placement at T4, quantity: 1 to be performed at outpatient surgical center: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Auricular Electroacupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**Decision rationale:** 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. 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, or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the patient has neck pain. The provider is requesting electrical stimulation with PENS to be performed away from the site of pain, which is not consistent with PENS. The requested form of electrostimulation is very similar to P-stim, a form of auricular electroacupuncture, which is not recommended by evidence-based guidelines. Also, the patient has previously reported benefit from cervical epidural steroid injections, has noted pain relief with medications, and has yet to have failed a documented trial with TENS. Medical necessity for the requested treatment has not been established. The requested treatment for percutaneous electrical nerve stimulator placement at T4, is not medically necessary.