

<b>Case Number:</b>	CM15-0131122		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old female, who sustained an industrial injury on 8/16/14. The injured worker has complaints of constant neck pain that radiates into the shoulder and arms. The documentation noted that the injured worker has constant lower back pain that radiates into the bilateral lower extremities and is experiencing headaches. Cervical spinal tenderness examination revealed tenderness. Lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1 (sacroiliac), positive lumbar facet loading maneuvers. The diagnoses have included chronic pain syndrome; lower back pain; spinal enthesopathy and neck pain. Treatment to date has included physical therapy; massage; electrical stimulation; heat pads; magnetic resonance imaging (MRI) of the lumbar on 3/4/15 revealed there is 2 millimeter disc bulge with central partial annular tear which does not approach the ventral thecal sac or budding S1 (sacroiliac) nerve roots; pain medications; acupuncture; and epidural injection. The request was for neurostimulator treatment (Percutaneous Electrical Nerve Stimulator) per 5/20/15 quantity 4; neurostimulator power source generator per 5/20/15 quantity 4 and Implantable electrode array per 5/20/15 order quantity 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator treatment (Percutaneous Electrical Nerve Stimulator) per 5/20/15 QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (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. 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). In this case, there has been no previous trail with a TENS unit and there is no documentation of a plan for an accompanying functional restoration program for the injured worker. The request for Neurostimulator treatment (Percutaneous Electrical Nerve Stimulator) per 5/20/15 QTY: 4 are determined to not be medically necessary.

**Neurostimulator power source generator per 5/20/15 QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (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. 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). In this case, there has been no previous trail with a TENS unit and there is no documentation of a plan for an accompanying functional restoration program for the injured worker. The request for Neurostimulator treatment (Percutaneous Electrical Nerve Stimulator) per 5/20/15 QTY: 4 are determined to not be medically necessary.

**Implantable electrode array per 5/20/15 order QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, the use of percutaneous electrical nerve stimulation (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. 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). In this case, there has been no previous trial with a TENS unit and there is no documentation of a plan for an accompanying functional restoration program for the injured worker. As the request for Neurostimulator treatment (Percutaneous Electrical Nerve Stimulator) per 5/20/15 QTY: 4 is not supported, the request for Implantable electrode array per 5/20/15 order QTY: 4 is determined to not be medically necessary.