

<b>Case Number:</b>	CM15-0138157		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 8/15/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical 4-7 fusion and anterior cervical discectomy and fusion revision of cervical 5-7 and lumbago status post posterior lumbar interbody fusion of lumbar 4-sacral 1. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of neck pain (rated 2/10) and headaches with pain radiating to the bilateral upper extremities and low back pain (rated 4/10) with bilateral lower extremity pain. Physical examination showed cervical and trapezius tenderness with spasm. The treating physician is requesting percutaneous electrical nerve stimulator (Neurostimulator) x 4 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulator (Neurostimulator) x 4 treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), lumbar chapter, pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PENS  
Page(s): 97-98.

**Decision rationale:** With regard to the request for PENS (Percutaneous Electric Nerve Stimulation), the CPMTG state the following: "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. (Ghohane-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." Within the documentation submitted for review, there is no clear documentation of failure of TENS. While a general letter describing PENS is included, it fails to describe the specifics of TENS unit trial in this worker's case, including how long the trial was attempted, the patient's compliance with use, and the frequency of the TENS trial. Furthermore, the CPMTG on pages 114-116 specify that the indications for TENS are CRPS, multiple sclerosis, neuropathic pain (including diabetic neuropathy and post-herpetic neuralgia), phantom limb pain, and spasticity. It does not appear that this injured worker has any of these indications for which TENS unit use is appropriate. Since the CPMTG recommends PENS in cases of failed TENS usage which are due to physical barriers such as obesity or scar tissue, there is the implication that the indications for PENS and TENS should overlap. Since the worker has primarily musculoskeletal pain, lumbar post-laminectomy and cervical radiculopathy, the indications are not appropriate for PENS. This request is not medically necessary.