

<b>Case Number:</b>	CM15-0141440		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, California

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:

This is a 58-year-old female patient who sustained an industrial injury on 02-19-2010. Diagnoses include right upper extremity complex regional pain syndrome, status post permanent cervical laminotomy placement with explanation for infection and with retained foreign body in the cervical soft tissue; severe migraine and left thoracic outlet syndrome with left piriformis syndrome. According to the progress notes dated 2-25-2015, she had no improvement in her migraine headaches with Botox treatment; Relpax was effective for her acute migraines. She had complaints of persistent pain and discoloration in the right upper extremity and requested consideration of spinal cord stimulation. The physical examination revealed the right arm remained discolored and with severe allodynia, hyperalgesia and weakness. The medications list includes relpax (eletriptan), flexeril, cymbalta, lactulose and cambia (Diclofenac) packets. She has undergone permanent cervical laminotomy placement with explanation for infection and with retained foreign body in the cervical spine soft tissue. She has had physical therapy, activity modification, Botox injection and TENS unit. Per the records provided patient has tried PENS with improvement. The provider documented that all other conservative treatments had failed, including TENS. A request was made for percutaneous electrical nerve stimulator x 4 visits for treatment of intractable headaches, chronic pain and complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulator X 4 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 97 Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** Percutaneous Electrical Nerve Stimulator X 4 visits. Per the CA MTUS chronic pain guidelines, 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. (Ghonaime-JAMA, 1999) (Yokoyama, 2004). 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)." Per the records provided patient has tried PENS with improvement. Response in terms of significant objective functional improvement and decreased medications need is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Percutaneous Electrical Nerve Stimulator X 4 visits is not fully established for this patient.