

<b>Case Number:</b>	CM15-0161601		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2012. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for six sessions of percutaneous electrical nerve stimulation (10) therapy. The claims administrator referenced a July 23, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In an April 30, 2015 progress note, handwritten, difficult to follow, and not entirely legible, the applicant was placed off of work, on total temporary disability through June 15, 2015. Additional manipulative therapy was sought. On May 13, 2015, additional manipulative therapy was sought. It was stated that the applicant was working with restrictions in place present at this date. On May 14, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain, 6 to 7/10. Flexeril, Norco, and topical compound were endorsed. The applicant's work status was detailed. On May 20, 2015, the applicant was placed off of work, on total temporary disability, through July 1, 2015. On June 11, 2015, Flexeril, Norco, Medrox, and TENS unit were endorsed owing to 6 to 7/10 multifocal complaints of neck, mid back, and low back pain. The applicant's work status was not outlined. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The July 23, 2015 RFA form on which the article in question was proposed was not seemingly incorporated into IMR packet. The June 11, 2015 progress note provided seemingly contained no references to the need for the Percutaneous Electrical Stimulation (PENS) therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of percutaneous electrical nerve stimulation therapy for right shoulder as outpatient (will require 2 electrodes): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

**Decision rationale:** No, the request for six sessions of percutaneous electrical nerve stimulation therapy (PENS) was not medically necessary, medically appropriate, or indicated here. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation or PENS is not recommended as the primary treatment modality. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a trial may be considered with use of an adjunctive program evidence-based functional restoration after other nonsurgical treatments, including therapeutic exercise and TENS have been tried, failed, and/or judged to be unsuitable or contraindicated, here, however, the July 23, 2015 RFA form on which the article in question was sought was not seemingly incorporated into the IMR packet. The June 11, 2015 progress note made no mention of the need for the percutaneous electrical nerve stimulation. The June 11, 2015 progress note provided suggested that the claimant has been asked to employ a TENS unit on a trial basis as of that date. It did not appear, thus, that a TENS unit had in fact been tried and/or failed prior to the date in question. The applicant was placed off of work, on total temporary disability, via a May 28, 2015 progress note. It did not appear, thus, that the applicant was intent on employing the proposed percutaneous electrical stimulation therapy in conjunction with a program of functional restoration, given her seeming failure to return to work. Therefore, the request was not medically necessary.