

<b>Case Number:</b>	CM15-0182222		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 Jersey, New York  
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:

The injured worker is a 66 year old female, who sustained an industrial injury on 1-10-12. The injured worker has complaints of bilateral neck severe pain and right hand numbness. The documentation noted for the neck no gross deformity, spasm over bilateral paracervical muscles tender along the bilateral trapezius muscles, full range of motion, no instability, spurling sign negative bilaterally. Right hand has no swelling, no atrophy, full range of all fingers, and no instability of joints. Cervical spine X-rays on 1-11-12 showed advanced degenerative disc disease at C4-5, C5-6 and C6-7 with significant disc space narrowing and osteophyte formation causing stenosis of the left C3-4, C4-5 and C5-6 and compromising the left C6-7 foramina. Magnetic resonance imaging (MRI) of the left shoulder on 8-21-14 showed there is no evidence of acute marrow contusion or fracture and there is no evidence of partial or full thickness rotator cuff tear. Magnetic resonance imaging (MRI) of the left shoulder on 4-21-15 showed no fracture or dislocations; joint effusion; anterior and posterior capsulitis and sprain and hypertrophic arthrosis of the acromioclavicular joint. Electromyography and nerve conduction velocity study of bilateral upper extremities on 8-19-14 showed evidence of a mild left carpal tunnel syndrome. Electromyography and nerve conduction velocity of bilateral upper extremities on 4-21-15 showed bilateral mild compression of the ulnar nerves at the elbow normal electromyography. The diagnoses have included severe cervical spine myoligamentous sprain and strain syndrome and cervical degenerative disc disease. The documentation noted on 8-18-15 the injured worker has had 6 sessions of physical therapy and 12 sessions of chiropractic sessions and 18 sessions of

acupuncture. The original utilization review (9-8-15) denied the request for Percutaneous Electrical Neurostimulation (PENS) 4 Separate Treatments within 30 Day Period.

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

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

**Percutaneous Electrical Neurostimulation (PENS) - 4 Separate Treatments within 30 Day Period:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** The request is medically unnecessary. As per MTUS guidelines, PENS is indicated if used as an adjunct to a program of evidence-based functional restoration, and if therapeutic exercises and TENS were not effective. The patient has had physical therapy for her cervical and hand pain but did not have a trial with the TENS unit. The patient has not plateaued with other conservative treatments to warrant a trial of PENS. There is also no documentation that she would also be involved in a functional restoration program. Therefore, the request is not medically necessary.