

<b>Case Number:</b>	CM15-0186616		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: North Carolina  
 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 56 year old female, who sustained an industrial injury on 03-10-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain with previous lumbar fusion and removal of hardware. Medical records (04-20-2015 to 08-19-2015) indicate ongoing low back pain that radiates to the right lower extremity and associated with numbness, tingling, and weakness. Pain levels were initially rated as 5 out of 10 and described as dull. Pain severity levels were not provided in the most recent progress report, but the pain was described as constant, sharp, stabbing, and burning. Records also indicate no changes in activity levels or level of functioning. The IW work status was not specified. The physical exam, dated 08-19-2015, revealed paralumbar spasms and tenderness to palpation on the right, atrophy in the quadriceps, restricted range of motion in the lumbar spine due to pain, positive straight leg raise on the right at 40°, decreased resisted rotation bilaterally, absent deep tendon reflexes in the bilateral ankles, and decreased sensation in the right lateral thigh and lateral foot. Relevant treatments have included lumbar fusion and removal of hardware, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that electrodiagnostic and nerve conduction studies were completed (2014) and showed probable previous chronic right L5 radiculopathy and polyneuropathy. The request for authorization (09-03-2015) shows that the following procedures were requested: percutaneous electrical nerve stimulation to the lumbar spine, 4 sessions over the course of 30 days. The original utilization review (09-15-2015) non-certified the request for percutaneous electrical nerve stimulation to the lumbar spine, 4 sessions over the course of 30 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulation, lumbar spine, 4 sessions over the course of 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Chapter 4: Work Relatedness, page 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California MTUS section on PENS states: 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) 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) The device is not being used as an adjunct to other evidence based functional restoration program per the provided medical records for review. Therefore the request Is not medically necessary.