

<b>Case Number:</b>	CM15-0188962		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/26/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 40-year-old male with a date of injury on 05-26-2007. The injured worker is undergoing treatment for cervical post laminectomy syndrome, cervical root lesions, neck pain, cervical radiculopathy, low back pain, lumbar radiculopathy, chronic pain syndrome, and lumbosacral root lesions. A physician progress note dated 07-22-2015 documents the injured worker complains of lower lumbar pain. Sleep disturbance is noted. Pain medication helps the pain decrease and helps the injured worker relax. He rates his pain as 7 out of 10 with medications and 9 out of 10 without medications. On examination, there is lumbar spinal tenderness, lumbar paraspinal tenderness and lumbar facet tenderness at L4-S1. There is positive lumbar facet loading maneuvers. He has failed multiple conservative therapies trial for greater than 6 months without benefit. A physician note dated 08-20-2015 documents the injured worker still has pain over the lower lumbar region. Pain can go down into the legs at times and is said to worsen with long duration of standing, sitting and walking. The pain increases and decreases with certain activities performed. The physician believes that "treatment utilizing a Neuro-stimulator (Percutaneous Electrical Nerve Stimulator) is medically necessary and provides the best chance of affecting improvement for the injured worker". There is documentation that there was a previous request for PENS (Percutaneous Electrical Nerve Stimulation) X 4 Separate Treatments over 30 Days was requested and not authorized on 03-20-2014. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Naprosyn, Norco, Flexeril, Gabapentin, Omeprazole, and Tramadol. A urine drug screen done

on 08-20-2015 was inconsistent. On 09-01-2015 Utilization Review non-certified the request for PENS (Percutaneous Electrical Nerve Stimulation) X 4 Separate Treatments over 30 Days.

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

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

#### **PENS (Percutaneous Electrical Nerve Stimulation) X 4 Separate Treatments Over 30 Days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** Pursuant to the Official Disability Guidelines, percutaneous electrical nerve stimulation (PENS) times #4 separate treatments over 30 days is not medically necessary. 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 nonsurgical 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. In this case, the injured workers working diagnoses are chronic pain syndrome; post laminectomy syndrome cervical; neck pain; cervical radiculopathy; low back pain: and lumbar/thoracic radiculopathy. Date of injury is May 26, 2007. Request for authorization is August 25, 2015. According to the utilization review dated March 20, 2014 a PENS unit trial took place, but was ineffective. According to an August 20, 2015 progress note, the injured worker returns for medication refill. Subjective complaints include low back pain with radiation to the legs 7/10. Objectively, range of motion is decreased in the hips. There is no lumbar spine examination. Motor examination is 5/5. There is no clinical rationale or repeating a PENS treatment course over 30 days. The initial trial in 2014 was ineffective. Additionally, PENS is not recommended as a primary treatment modality. There is no additional physical therapy in the treatment plan. There is a lack of high quality evidence to prove long-term efficacy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a failed clinical trial (according to the utilization review dated March 20, 2014) with ineffective results and no objective functional improvement, percutaneous electrical nerve stimulation (PENS) times #4 separate treatments over 30 days is not medically necessary.