

<b>Case Number:</b>	CM15-0190150		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 63 year old female, who sustained an industrial injury on 12-16-2009. The injured worker is undergoing treatment for: chronic pain syndrome, upper limb, subacromial decompression of left shoulder, cervical radicular syndrome, status post partial rotator cuff repair. On 8-24-15, she reported left shoulder pain with radiation into the arm, hand, back, and neck. She rated the pain 6-8 out of 10. She is reported to have difficulty with activities of daily living such as putting on jackets, and gripping and grasping items. Physical examination revealed reduced range of motion to the head and neck, trigger points palpated at the left greater occipital and left upper back, decreased right shoulder range of motion, "mild hypesthesia and slight allodynia in the right upper extremity". The treatment and diagnostic testing to date has included: rotator cuff repair (date unclear), medications, multiple sessions of physical therapy, x-rays and magnetic resonance imaging (dates unclear), left shoulder injection (date unclear), urine drug screen (8-24-15), TENS. Medications have included: naproxen. Current work status: retired since March 2013. The request for authorization is for: percutaneous electrical nerve stimulator trial x1 with 4 separate treatments over the course of 30 days for the left shoulder, upper limbs and cervical. The UR dated 9-2-2015: non-certified the request for percutaneous electrical nerve stimulator trial x1 with 4 separate treatments over the course of 30 days for the left shoulder, upper limbs and cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electric nerve stimulator trial x 1 with 4 separate treatments over the course of 30 days for left shoulder/upper limbs and cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Auricular electroacupuncture.

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

**Decision rationale:** Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality. A trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, and 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. 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). In this case, the patient was not participating in a functional restoration program, a condition for a trial of the therapy. The conditions for recommendation are not met. The request is not medically necessary.