

<b>Case Number:</b>	CM15-0198477		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 51-year-old who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of February 4, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for a 30-day trial of a percutaneous electrical nerve stimulator (PENS). The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 26, 2015, an H-Wave device was sought. On a prescription form dated April 10, 2015, Norco was prescribed. On a handwritten note dated August 18, 2015, difficult to follow, handwritten, not entirely legible, the applicant seemingly reported ongoing complaints of shoulder, arm, and low back pain. The note comprised, in large part, of pre-printed checkboxes, without any supporting rationale or supporting commentary. The applicant was seemingly kept off of work for 6 weeks while a pain management consultation, neurology consultation, orthopedics consultation, and urology consultation were seemingly endorsed, along with extracorporeal shock wave therapy. The percutaneous electrical nerve stimulator (PENS) 30-day trial was also seemingly sought, without much in the way of supporting rationale or supporting commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulation (PENS) for 30 days: Upheld**

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

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

**Decision rationale:** No, the request for a percutaneous electrical nerve stimulation (PENS) trial was not medically necessary, medically appropriate, or indicated here. Page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that percutaneous electrical nerve stimulation may be employed 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/or failed or judged to be unsuited. Here, however, the handwritten August 18, 2015 office visit did not clearly establish the failure of other treatments. The applicant was also asked to pursue physical therapy, manipulative therapy, and extracorporeal shock wave therapy on the same date, effectively arguing against the failure of other non-surgical treatments. The applicant was also concurrently using Norco, again, arguing against the failure of other non-operative treatments. The applicant was, moreover, placed off of work, on total temporary disability, on the August 18, 2015 date of service at issue, suggesting that the applicant was not intent on employing the PENS trial in conjunction with a program of evidence-based functional restoration. Therefore, the request was not medically necessary.