

<b>Case Number:</b>	CM15-0206008		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old female, who sustained an industrial injury on 03-02-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar radiculopathy, low back pain, chronic pain syndrome, and osteoarthritis of the left knee. Medical records (04-02-2015 to 08-20-2015) indicate ongoing left knee pain, constant low back pain with radiating into the buttocks. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate continued difficulties with activities of daily living and self-care. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-20-2015, revealed decreased range of motion (ROM) in the lumbar spine, decreased sensation in the left great toe, and lumbar spinal and paraspinal tenderness. Relevant treatments have included: lumbar laminectomy and fusion surgery, left knee replacement surgery, and failed conservative treatments consisting of: physical therapy (PT), electrical stimulation, home exercise program, work restrictions, and pain medications. The request for authorization (09-23-2015) shows that the following treatment was requested: percutaneous electrical nerve stimulator (neurostimulator), 1 unit, 4 separate treatments to be performed at surgery center. The original utilization review (09-30-2015) partially approved the request for percutaneous electrical nerve stimulator (neurostimulator), 1 unit, 4 separate treatments to be performed at surgery center (modified to 1 treatment in conjunction with home exercise).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulator (neurostimulator), 1 unit, 4 separate treatments to be performed at surgery center: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy, 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:** Per the MTUS guidelines regarding percutaneous electrical nerve stimulation (PENS): 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. (Ghohane-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) See also TENS. The documentation submitted for review does not contain evidence of a failed TENS unit trial. Absent such, the medical necessity of PENS is not affirmed.