

<b>Case Number:</b>	CM15-0029491		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/10/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female, who sustained an industrial injury on 10/10/08. The injured worker has complaints of right arm feels heavy and burning with episodes of throbbing and sharp pain. She had swelling of the right upper arm, elbow and hand. The diagnoses have included right elbow pain status post revision radial head replacement. Treatment to date has included status post radial head replacement revision surgery on 10/14/14; Transcutaneous Electrical Nerve Stimulation (TENS) unit; ice; physical therapy and medications. According to the utilization review performed on 1/21/15, the requested PENS (Per Cutaneous Electric Nerve Stimulation) treatment under anesthesia x 4 levels T1-T4 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009; 9792.24.2 Chronic Pain Medical Treatment Guidelines page 97 was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENS (Per Cutaneous Electric Nerve Stimulation) treatment under anesthesia x 4 levels T1-T4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, PENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no efficacy of previous use of TENS. There is no recent documentation of recent flare of her pain. The provider should document how PENS will improve the functional status and the patient's pain condition. Therefore, the prescription of Percutaneous electrical nerve stimulator under anesthesia x 4 levels T1-T4 is not medically necessary.