

<b>Case Number:</b>	CM15-0031917		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who sustained an industrial injury on 11/02/1998. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, post laminectomy syndrome, status post lumbar fusion on 01/05/2015. Treatment to date has included medications, TENS unit, home exercise program, brace immobilization, pain management, and physical therapy. A physician progress note dated 02/02/2015 documents the injured worker and constant lower back pain that radiates into the bilateral lower extremities. His pain is rated 5 at its best, and 9 at its worst out of 10. The physician documents the treatment utilizing a neurostimulator is medically necessary and provides the best chance of affecting improvement for the patient. Furthermore we will instruct the patient on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels. Treatment requested is for Percutaneous Electrical Nerve Stimulation (stimulator) Purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulation (stimulator) Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the bilateral lower extremity. The current request is for Percutaneous Electrical Nerve Stimulation (stimulator) Purchase. The treating physician report dated 2/2/15 (311B) states, "I recommend four separate treatments, over the course of 30 days, of percutaneous electrical stimulation of targeted peripheral nerves in an effort to reduce the patient's pain level, decrease medication consumption, reduce overall inflammation and improve functional levels. The patient has trialed and failed multiple conservative, non-surgical modalities such as; transcutaneous electrical nerve stimulator (TENS,) physical therapy/therapeutic exercises, pharmacological therapy, including oral and compounded medications, all have proven unsuccessful in controlling pain adequately. Furthermore, we will instruct the patient on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels." The MTUS guidelines state the following: "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." The medical reports provided, do not show that the patient has received a previous trial of a PENS unit. In this case, while a trial would be medically necessary, the current request is for the purchase of a PENS unit, which is not supported by the MTUS guidelines as outlined on page 97. The request is not medically necessary.