

<b>Case Number:</b>	CM15-0054110		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female, who sustained an industrial injury on August 18, 2008. The injured worker was diagnosed as having chronic lumbar strain, chronic lumbosacral root lesion, chronic pain syndrome, unspecified disorder of autonomic nervous system, spinal enthesopathy, lower back pain, lumbar/thoracic radiculopathy, and plantar fascial fibromatosis. Treatment to date has included MRI, urine drug screening, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, steroid injections, multiple percutaneous electrical nerve stimulation treatments, and non-steroidal anti-inflammatory, anti-epilepsy, and compound medications. She most recently underwent a percutaneous electrical nerve stimulator power source placement and percutaneous implantation of a neurostimulator electrode array, peripheral nerves on February 11, 2015. On February 17, 2015, the injured worker complains of throbbing, sharp back pain. Her headaches have resolved since the last visit. She reports percutaneous electrical nerve stimulation treatment has improved her pain and function by 60% despite her greater than 90% reduction in medications. The physical exam revealed lumbar spinal, lumbar paraspinal, and lumbar 4-sacral 1 lumbar facet tenderness, and positive lumbar facet loading maneuvers. The treatment plan includes repeat percutaneous electrical nerve stimulator treatments - 4 treatments over 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulator for 4 treatments over 30 days: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** The claimant sustained a work injury in August 2008 and continues to be treated for chronic back pain. After a course of percutaneous electrical stimulation she had improved pain and function with decreased medication use. When seen, she wanted to undergo in other treatment with a goal of discontinuing medications and further improvement in function. Percutaneous electrical nerve stimulation involves inserting needles to a depth of 1 to 4 centimeters around a nerve serving a painful area. Although percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, a trial may be considered. In this case, the claimant has benefited from an initial trial of treatment including a measurable decrease in medication use. There are reasonable and measurable goals of a second course of treatment which is therefore considered medically necessary.