

<b>Case Number:</b>	CM15-0084359		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/31/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44-year-old male who sustained an industrial injury on 1/31/10. Injury occurred relative to carrying a heavy 50-pound pain at work. Conservative treatment included physical therapy, chiropractic, TENS unit, medications, injections, and activity modification. Records indicated that the patient had a positive benefit to transcutaneous electrical stimulation (TENS) applied in the clinic but was unable to place the electrodes on his back for home use. The 2/13/13 medical legal report recommended that a conduction garment be provided the patient for ease in TENS use. The 10/29/14 treating physician report cited grade 8-9/10 chronic lower back pain, worse with prolonged standing. He denied lower extremity symptoms. He reported that he was able to perform his activities of daily living with current medications. Physical exam documented normal gait, toe/heel walk with difficulty, 2+ lumbar paraspinal spasms, and tenderness to palpation over the bilateral facet joints at L4/5 and L5/S1. There was quadriceps atrophy, limited range of motion, positive straight leg raise, and absent patellar reflexes. Motor strength and sensation were intact. The diagnosis included low back pain, lumbar disc displacement, and lumbar radiculopathy. The treatment plan included medication refills, follow-up with psychologist, and 4 sessions of PENS (percutaneous electrical nerve stimulator) treatment to assist in managing his pain and helping wean him off medications. Medications included Tramadol, mirtazapine, and Percocet. The 1/20/14 lumbar spine MRI demonstrated degenerative disc disease at L4/5 and mild central canal stenosis without significant interval change. X-rays on 1/30/15 demonstrated minimal lumbar dextroscoliosis. The 4/1/15 utilization review non-certified the request for four treatments of percutaneous electrical nerve stimulation

based on no demonstrated evidence of a functional restoration program and no evidence that TENS unit was trialed and provided no functional improvement. Additionally, there was no rationale to support the medical necessity of percutaneous electrical stimulation over transcutaneous electrical stimulation.

### **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) x 1 unit with four separate treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98;115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The California MTUS guidelines state that percutaneous electrical nerve stimulation (PENS) is 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. Guidelines state that there is a lack of high quality evidence to prove long-term efficacy. Guideline criteria have not been met. This injured worker presented with a long history of chronic lower back pain that was functionally limiting. Medications were reported as providing functional benefit. A TENS unit clinical trial was reported as beneficial but he had difficulty with home use due to electrode placement, and recommendation was noted for a conductive garment. There is no current evidence that the patient is participating in a program of evidence-based functional restoration. There is no compelling rationale to support the short-term clinical use of PENS for chronic lower back pain over a home TENS unit with conductive garment for chronic pain management. Therefore, this request is not medically necessary.