

<b>Case Number:</b>	CM15-0086415		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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  
 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 55 year old female who sustained an industrial injury on 02/07/00. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, percutaneous neurostimulation, and a sacroiliac joint injection. Diagnostic studies are not addressed. Current complaints include pain in the cervical and lumbar regions, right hip, and left shoulder. Current diagnoses include depressive disorder, chronic pain syndrome, constipation, sacroilitis, lower back pain, lumbar/thoracic radiculopathy, neuralgia/neuritis/radiculitis, and pelvic and thigh pain. In a progress note dated 01/13/14 the treating provider reports the plan of care as aquatic therapy, x-ray of the right hip, refill current medications, and a Neurostimulator Treatment (Percutaneous Electrical Nerve Stimulator) 4 treatments over 30 days. The requested treatments include 4 Percutaneous Neurostimulator treatments, 4 permanent implantation of stimulator electrode array, and use of outpatient surgery center 4 times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous neurostimulation, 4 treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Electro Acupuncture.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Percutaneous electrical nerve stimulation (PENS), Page 819.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Percutaneous Electrical Nerve Stimulation (PENS) treatment include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, TENS unit, therapy, or physical barrier restrictions for conduction of electricity such as significant scarring or morbid obesity, not established here. There is no documented short-term or long-term goals of treatment with the PENS treatment documented. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the PENS treatment without specifics of failed TENS trial, failed therapy as the patient is currently participating in sessions. There is no evidence of progressive neurological deficits, ADL limitations, acute flare-up or red-flag conditions to warrant support for PENS treatment. Guidelines consider PENS under study and not recommended as a primary treatment modality. PENS is an invasive modality provided by a skilled operator with inconsistent results as outcomes are dependent on technique. There is no long-term proven efficacy for this treatment. The Percutaneous neurostimulation, 4 treatments is not medically necessary and appropriate.

#### **4 permanent implantations of stimulator electrode array: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Percutaneous electrical nerve stimulation (PENS), Page 819.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Percutaneous Electrical Nerve Stimulation (PENS) treatment include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, TENS unit, therapy, or physical barrier restrictions for conduction of electricity such as significant scarring or morbid obesity, not established here. There is no documented short-term or long-term goals of treatment with the PENS treatment documented. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the

functional restoration approach to support the request for the PENS treatment without specifics of failed TENS trial, failed therapy as the patient is currently participating in sessions. There is no evidence of progressive neurological deficits, ADL limitations, acute flare-up or red-flag conditions to warrant support for PENS treatment. Guidelines consider PENS under study and not recommended as a primary treatment modality. PENS is an invasive modality provided by a skilled operator with inconsistent results as outcomes are dependent on technique. There is no long-term proven efficacy for this treatment. As the Percutaneous neurostimulation, 4 treatments is not medically necessary and appropriate, the 4 permanent implantations of stimulator electrode array is not medically necessary and appropriate.

#### **4 uses of outpatient surgical center: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Percutaneous electrical nerve stimulation (PENS), Page 819.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Percutaneous Electrical Nerve Stimulation (PENS) treatment include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, TENS unit, therapy, or physical barrier restrictions for conduction of electricity such as significant scarring or morbid obesity, not established here. There is no documented short-term or long-term goals of treatment with the PENS treatment documented. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the PENS treatment without specifics of failed TENS trial, failed therapy as the patient is currently participating in sessions. There is no evidence of progressive neurological deficits, ADL limitations, acute flare-up or red-flag conditions to warrant support for PENS treatment. Guidelines consider PENS under study and not recommended as a primary treatment modality. PENS is an invasive modality provided by a skilled operator with inconsistent results as outcomes are dependent on technique. There is no long-term proven efficacy for this treatment. As the Percutaneous neurostimulation, 4 treatments is not medically necessary and appropriate, the 4 uses of outpatient surgical center is not medically necessary and appropriate.