

<b>Case Number:</b>	CM15-0087465		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 4/30/10. She reported left foot and ankle injury when a metal door slammed on it. The injured worker was diagnosed as having left ankle pain. Treatment to date has included oral medications including opioids, transdermal medications, cane for ambulation and activity restrictions. (MRI) magnetic resonance imaging of left ankle performed on 8/17/12 revealed chronic osteochondral signal representing the consequence of remote injury, 8-10 mm inferior calcaneal spur and possible mild tendinosis. Currently, the injured worker complains of continuous left ankle pain rated 8-9/10 with radiation along the left leg proximally. Physical exam noted increased pain with range of motion of left ankle and ambulation difficulty with use of a cane. A request for authorization was submitted for a percutaneous neurostimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous neurostimulator for left ankle, 4 therapeutic treatments over 4 weeks:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

**Decision rationale:** According to the MTUS, percutaneous electrical nerve stimulation 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." The medical record does not indicate a trial of TENS, therefore, a trial of percutaneous electrical nerve stimulation is not medically reasonable or necessary.