

<b>Case Number:</b>	CM15-0232055		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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: North Carolina  
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 62 year old male, who sustained an industrial injury on 10-28-2003. The injured worker is undergoing treatment for chronic pain syndrome, right hip, knee and ankle-foot strain, neuropathy and left knee arthropathy. Medical records dated 10-23-2015 and 11-3-2015 indicate the injured worker complains of hip, knee and ankle pain. Physical exam dated 11-3-2015 notes decreased sensation to light touch of left calf and ankle. Treatment to date has included surgery, home exercise program (HEP), injections and medication. The original utilization review dated 11-19-2015 indicates the request for percutaneous electrical nerve stimulation unit 4 X 30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulation (PENS) unit 4x/30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** The California MTUS states: 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. (Ghohane-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. (Weiner, 2008) The documentation for review fails to show the treatment being used as an adjunct to a program of functional restoration or a complete failure of first line treatment options. Therefore the request is not medically necessary.