

<b>Case Number:</b>	CM14-0117271		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with an 8/21/09 injury date. She was leaving work and carrying a box when she experienced sharp pain in her neck, arms, and hands. In a follow-up on 2/21/14, subjective complaints included neck pain radiating to both upper extremities, bilateral shoulder pain, and bilateral hand and finger numbness and tingling. Objective findings included obesity, difficulty with tandem gait, tenderness in the paracervical muscles, positive Spurlings signs, positive axial head compression test, limited cervical range of motion with guarding, positive Tinel's and Durken's on the right wrist, decreased sensation in the right C5-6 dermatome, 5/5 strength throughout, and symmetric reflexes. The follow-up note indicates that cervical xrays show C5-6 and C6-7 endplate changes and disc space narrowing. It also notes that a cervical MRI shows C7-T1 paracentral disc protrusion with flattening of the cord and moderate right foraminal stenosis, and disc protrusions at C5-6 and C6-7 with foraminal stenosis at both levels. Diagnostic impression: carpal tunnel syndrome, cervical disc disease, failed neck surgery syndrome. Treatment to date: physical therapy, acupuncture, medications, trigger point injections, epidural steroid injections to the cervical spine, posterior right Ct-T1 foraminotomy (2010)--all with minimal and temporary relief. A UR decision on 7/7/14 denied the request for percutaneous electrical nerve stimulator on the basis that the guidelines and medical literature show limited effectiveness and do not support its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASAP- Percutaneous electrical nerve stimulator (neurostimulator) 4 treatments on 4 separate days to the neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states 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. There is a lack of high quality evidence to prove long-term efficacy. In the present case, there is no documentation that there are plans to use the proposed PENS therapy in addition to a functional restoration program or other types of conservative treatment modalities. There is no evidence that a TENS unit has been tried in the past or has been judged to be contraindicated in this patient. Therefore, the request for ASAP- Percutaneous electrical nerve stimulator (neurostimulator) 4 treatments on 4 separate days to the neck and low back, is not medically necessary.