

<b>Case Number:</b>	CM14-0216580		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: New Jersey, New York

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:

This 45 year old injured worker (IW) sustained injury on the job on 03/19/2001 resulting in neck arm and upper back pain. The IW has a history of multiple anterior cervical discectomies and fusions and a posterior spinal instrumentation at C5-6. He had a ligamentous injury at age 15 with subsequent posterior spinal fusion instrumentation C2-C4. The IW has recurrent complaints of axial neck pain that is persistent and causes headaches. Certain movements of the neck will cause his neck to spasm and lock up on him. The IW also has pain down the arms and especially into both shoulders. Intermittently the IW has tingling and numbness into the arms. Current diagnosis include brachial neuritis or radiculitis, carpal tunnel syndrome, cervical spondylosis without myelopathy, degeneration of intervertebral disc site unspecified, degeneration of cervical intervertebral disc, opioid type dependence unspecified, post laminectomy syndrome cervical region, spasmodic torticollis, and spinal stenosis in the cervical region. The IW is followed by a pain specialist and has had an epidural steroid injection that helped with his pain. Oral pain medications include Percocet 10/325 up to 10/day, Valium 10 mg at bedtime as needed, and Neurontin 300 mg one in the morning, one at noon, and three at bedtime. He uses medical marijuana. According to the exam of 10/16/2014, his response to the medication has been effective control of pain and the ability to remain independent in function. The IW reports that the pain is getting worse and describes sudden onset of pain that is constant aching, shooting stabbing and throbbing. He has been experiencing this type of pain for more than 10 years. His treatment plan includes no changes in continuation of medications with monitoring. A change in the treatment plan in the report of 11/20/2014 was inclusion of a

request for percutaneous electrical nerve stimulation (PSTIM, or PENS). The request for authorization for PSTIM was received on November 20, 2014, and Medical records from 03/28/2006 through 11/17/2014 were reviewed by the Utilization Review (UR) organization. A decision was issued 11/28/2014 that non-certified one prospective request for PSTIM between 11/17/2014 and 1/25/2015. California Medical Treatment Utilization Schedule (CA-MTUS) was cited and it was noted by the UR organization that no functional restoration programs have been attended and the IW has not had a trial of transcutaneous electrical nerve stimulation (TENS). Application for independent medical review was made 12/22/2014 for one PSTIM.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PSTIM (percutaneous electrical nerve stimulation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

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

**Decision rationale:** The MTUS does not address the use of P-Stim. According to ODG guidelines, P-Stim is not recommended due to lack of medical evidence. There was only one published RCT that showed no association with improved pain management. The UR mistakenly referred to P-Stim as PENS which is different. The treating physician doesn't discuss the specific nature of P-Stim and did not provide any medical evidence in support of this treatment. Therefore, the request is considered not medically necessary.