

<b>Case Number:</b>	CM15-0126766		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 48 year old male who sustained an industrial injury on 01/22/2009. Mechanism of injury was not found in documents provided. Diagnoses include lumbar post laminectomy syndrome, low back pain, and chronic pain syndrome. Treatment to date has included diagnostic studies, use of percutaneous electrical nerve stimulation, physical therapy, chiropractic sessions, aquatic therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, nerve blocks, acupuncture, multiple surgeries, and he is status post lumbar laminectomy. The most recent physician progress note dated 03/11/2015 documents the injured worker was taken to surgery for percutaneous electrical nerve stimulator power source placement and percutaneous implantation for a neurostimulator electrode array, peripheral nerves. The injured worker has intractable chronic pain and bilateral radicular leg and foot pain. Treatment requested is for neurostimulator power source generator implantable electrode array, and percutaneous electrical nerve stimulator, 4 separate treatments over 30 days, for low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulator, 4 separate treatments over 30 days, for low back:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Section Page(s): 97.

**Decision rationale:** Per the MTUS Guidelines, the use of 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. 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). In this case, the injured worker has had a successful trial with TENS with a 60% reduction in pain and an increase in function. However, PENS is not intended for long term use without an accompanying evidence-based functional restoration program. In this case, there is no evidence of such a program and the injured worker has not returned to work. The request for percutaneous electrical nerve stimulator, 4 separate treatments over 30 days, for low back is not medically necessary.

**Neurostimulator power source generator implantable electrode array:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Section Page(s): 97.

**Decision rationale:** Per the MTUS Guidelines, the use of 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. 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). In this case, the injured worker has had a successful trial with TENS with a 60% reduction in pain and an increase in function. However, PENS is not intended for long term use without an accompanying evidence-based functional restoration program. In this case, there is no evidence of such a program and the injured worker has not returned to work. As the request for percutaneous electrical nerve stimulator, 4 separate

treatments over 30 days, for low back is not supported, the request for neurostimulator power source generator implantable electrode array is not medically necessary.