

<b>Case Number:</b>	CM15-0176796		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Emergency 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 67 year old male who sustained an industrial injury on 3-18-99. Diagnoses per the request for authorization are mononeuritis of wrist-right wrist surgery, peripheral neuropathy-lumbar spine bulge, bilateral carpal tunnel syndrome, left wrist strain, and chronic pain syndrome. In an operative report dated 4-22-15, the physician notes the injured worker has intractable right wrist and hand pain with radicular neuropathic symptoms due to status post right carpal tunnel release surgery. Percutaneous Electrical Nerve Stimulator Treatments are noted on 4-22-15, 4-29-15, 5-6-15, and 5-13-15. In a progress report dated 7-31-15, the physician notes chronic pain syndrome, low back pain with radicular pain bilaterally to lower extremities, and bilateral hand pain secondary to carpal tunnel syndrome and that he is status post carpal tunnel release. Physical therapy and acupuncture are completed. Medications are Tramadol, Gabapentin, Ambien, Mobic, and Lidocaine Patch. There is limited range of motion to the lumbar spine due to pain and he continues to have difficulty with backward extension. There is tenderness of the spinal and paraspinal muscles of the lumbar spine and facet loading maneuvers are positive. Weak grip is noted of both hands. Previous treatment noted also includes psychotherapy treatment. A request for Percutaneous Electrical Nerve Stimulator Treatment (a series of four separate Neurostimulator treatments) is dated 7-31-15. The physician notes he has trialed and failed multiple conservative non-surgical treatments including physical therapy, therapeutic exercises, oral and compounded medications, and transcutaneous electrical nerve stimulation. Four separate treatments over 30 days are requested. The requested treatment of Percutaneous Electrical Nerve Stimulator (series of 4 separate Neurostimulator treatments) was not certified on 8-25-15.

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

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

**Percutaneous electrical nerve stimulator (series of four separate Neurostimulator treatments): 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:** As per MTUS Chronic pain guidelines, Percutaneous Electrical Nerve Stimulation(PENS) may be considered as part of a Functional Restoration Program after failure of other conservative modalities especially standard Transcutaneous Electrical Nerve Stimulation(TENS), standard therapy or exercise have failed. Patient has reportedly received prior PENS but there is no documentation of any benefit from prior treatments. There is no documentation of any concurrent therapy done alongside requested PENS. There is no goal of this treatment. PENS is not medically necessary.