

<b>Case Number:</b>	CM15-0033743		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 68 year old male, who sustained an industrial injury on 11/30/2000. The diagnoses have included cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulges and status post shoulder surgery (2012). Treatment to date has included physical therapy. According to the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker complained of pain in his neck, upper and lower back, right and left shoulders, right and left hands/wrists, right and left hips and right and left knees. The injured worker ambulated with a single point cane. On 2/16/2015, Utilization Review (UR) non-certified a request for Percutaneous Electrical Nerve Stimulator (PENS) treatments. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulator treatments (PENS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 97.

**Decision rationale:** Per the guidelines, 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 is generally reserved for patients who fail to get pain relief from TENS. In this injured worker, the records do not document that other treatment modalities have been trialed and failed. The medical necessity of percutaneous electrical nerve stimulator treatments is not substantiated in the records.