

<b>Case Number:</b>	CM15-0040300		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Internal 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 66 year old male, who sustained an industrial injury on 03/18/1999. He reported complaints of pain to the low back, left shoulder, right wrist/hand, and left wrist/hand secondary to repetitive work duties. The injured worker was diagnosed as having left wrist strain and lumbar disc bulge. Treatment to date has included electromyogram with nerve conduction velocity, left wrist surgery, magnetic resonance imaging of the lumbar spine, psychological evaluation, and medication regimen. In a progress note dated 01/23/2015 the treating provider reports complaints of lower back pain, bilateral wrist pain, and leg pain. The injured worker rated the pain to be a ten out of ten without medication and a six to seven out of ten with medication. The treating physician requested percutaneous nerve stimulator (neurostimulator), but the documentation provided did not indicate the specific reason for the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Neurostimulator treatments (percutaneous electrical nerve stimulator)-4 days each treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 265, 271, 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrical stimulators (E-stim). ACOEM 3rd Edition Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates 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. 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). Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints indicates that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints indicates that TENS units and passive modalities are not recommended. Physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) indicate that electrical stimulators (E-stim) is not recommended. Electrical stimulation units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. ACOEM 3rd edition (2011) indicates that percutaneous electrical nerve stimulation (PENS) is not recommended for low back disorders. The medical records document a history of low back and wrist conditions. The patient is not enrolled in an evidence-based functional restoration program (FRP). MTUS, ACOEM, and ODG guidelines do not support the use of percutaneous electrical nerve stimulation (PENS). Therefore, the request for percutaneous electrical nerve stimulator treatments is not medically necessary.