

<b>Case Number:</b>	CM15-0044534		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic neck, shoulder, wrist, elbow, forearm, and hand pain reportedly associated with an industrial injury of October 22, 2013. In a Utilization Review report dated February 2, 2015, the claims administrator failed to approve a request for a percutaneous electrical nerve stimulation (PENS) device. A January 7, 2015 progress note and January 26, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported multifocal complaints of left shoulder, right shoulder, right elbow, right wrist, left wrist, and neck pain. The note was very difficult to follow and comprised largely of preprinted checkboxes. The applicant was status post earlier right and left shoulder surgeries, it was acknowledged. Narrative commentary, however, was conspicuously absent. The applicant was asked to consult a pain management physician and an orthopedist. Extracorporeal shockwave therapy was sought, as was a PENS implantation procedure. The attending provider seemingly stated that the applicant was not working, admittedly through usage of preprinted checkboxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous electrical nerve stimulation procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** No, the proposed percutaneous electrical nerve stimulation device was not medically necessary, medically appropriate, or indicated here. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that percutaneous electrical nerve stimulation (PENS) may be considered on a trial basis if used as an adjunct to a program of functional restoration, after other nonsurgical treatments, including therapeutic exercise and TENS have been tried and/or failed. In this case, however, there was no evidence that the applicant had in fact failed first-line treatments such as physical therapy, or second-line treatments, such as a TENS unit. The attending provider seemingly ordered physical therapy and/or extracorporeal shockwave therapy on January 7, 2015, suggesting that first-line treatments had not been exhausted here. Similarly, the January 7, 2015 handwritten progress note contained no references to or mention of the applicant's having failed a TENS unit. Finally, the applicant was seemingly off work. Thus, there was no evidence that the applicant was intent on employing the proposed percutaneous electrical nerve stimulation (PENS) device in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.