

<b>Case Number:</b>	CM13-0060329		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/29/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 12/29/2012. Mechanism of injury is "industrial stress injury" that occurred during a bank robbery. Patient has a diagnosis of post-traumatic stress disorder, post-traumatic chronic headache, panic disorder and variant headaches. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 11/13/13. Patient complains of daily severe headaches and insomnia. Objective exam head was normal, neck was normal with no pain and normal range of motion. Cranial nerves were intact and neurological exam was normal with no sensory or motor deficits. Peripheral Percutaneous Nerve stimulation was requested for treatment of complex migraine. No other advance imaging of brain was provided or reportedly done. X-ray and EMG report of elbows and wrist were provided and not relevant to this review. Current medication include Prozac, Lovastatin, Prilosec, Namenda, and Inderal was started on 10/15/13. Utilization review is for peripheral percutaneous electrical nerve stimulation(3 treatments over 30 days). Prior UR on 11/6/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PERIPHERAL PERCULANEOS ELECTRICAL NERVE STIMULATION 3 TREATMENTS OVER 30 DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Percutaneous electrical nerve stimulation(PENS)>, page(s) <97> Page(s): 97. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

**Decision rationale:** As per the 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. Review of Official Disability Guidelines (ODG) also states that PENS for headache are still mostly investigational. The patient's headaches appear stress related or migrainous in nature. There is no discussion about prior conservative treatment attempts for headaches. Provided documentation does not support the use of PENS, therefore, it is not medically necessary and appropriate.