

Case Number:	CM14-0181243		
Date Assigned:	11/06/2014	Date of Injury:	10/21/2012
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old male with an injury date of 10/21/12. Based on the 09/23/14 progress report provided by [REDACTED] the patient complains of pain at the base of his skull rated 7/10 with medications. Physical examination to the cervical spine revealed tenderness to palpation over the right and left suboccipital region. Patient's medications include Gralise, Metformin HCl, Losartan Potassium and Hydrochlorothiazide. Patient reports difficulty with his ADL's. He is working full time. Previous treatments included heat, chiropractic, ice, massage therapy, physical therapy and TENS. Diagnosis 09/23/14- Headache- Occipital neuralgia [REDACTED] is requesting PNS TRAIL 2 LEADS. The utilization review determination being challenged is dated 10/15/14. [REDACTED] is the requesting provider and he provided treatment reports from 06/20/13 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNS Trail 2 Leads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Electrical Stimulation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Electrical stimulation

Decision rationale: The patient presents with pain at the base of his skull rated 7/10 with medications. The request is for PNS TRAIL 2 LEADS. Patient's diagnosis dated 09/23/14 included headache and occipital neuralgia. Previous treatments included heat, chiropractic, ice, massage therapy, physical therapy and TENS. MTUS and ACOEM are silent regarding PNS, Peripheral/Occipital Nerve Stimulation. However, ODG-TWC Head Chapter states: "Electrical stimulation: Under study for migraine prevention. An RCT of a new device that stimulates the trigeminal nerve in the head has shown a moderate effect in the prevention of migraine... The device is available in Europe and Canada, but it is awaiting approval in the U.S." The treating physician has not discussed reason for the request. Per Request for Authorization form dated 10/07/14, "PNS Trial" is requested for the diagnosis of "occipital neuralgia." Per ODG guidelines, electrical stimulation is still under study for migraine prevention and has not been approved in the U.S. The request is not medically necessary and appropriate.