

Case Number:	CM13-0060201		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2008
Decision Date:	08/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 47-year-old injured worker with date of injury April 3, 2008 related to the neck. Per November 4, 2013 progress report, in terms of depressive symptoms the injured worker reported feelings of sadness, fatigue, low self-esteem apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, a lack of motivation, loss of interest in sex (i.e. decline in libido), sleep disturbance, appetite changes, feelings of emptiness, crying episodes and active suicidal ideation with expressed intent. In terms of anxiety based symptoms she reported feelings of insecurity, and health worries. On the Beck Depression Inventory she obtained a score of 57, placing her in the severe range of clinical depression. On the Beck Anxiety Inventory she obtained a score of 48, suggestive of a severely anxious state. Her Global Assessment of Functioning was 57. It is noted that she does not take any psychotropic medication. The date of UR decision was October 31, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

CRANIAL ELECTRICAL STIMULATION WITH ALPHA-STIM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3381625/>.

Decision rationale: The MTUS, and ODG are silent on the use of cranial electrical stimulation. Per the article "Effects of cranial electrotherapy stimulation on resting state brain activity", a study provided evidence that cranial electrical stimulation may result in cortical deactivation, as well as altering brain connectivity in the DMN. This suggests that relatively small perturbations in brain oscillation patterns may cause significant changes in brain activity and within intrinsic connectivity networks. Findings from this study provide evidence of the mechanism of action of CES and can serve as a guide for testing in treatment trials in clinical populations. Ultimately however, no determination was made on the efficacy of this treatment on depression, anxiety, and/or insomnia. The medical evidence does not support the requested treatment. The request for a CES with alpha-stim is not medically necessary or appropriate.