

Case Number:	CM14-0181109		
Date Assigned:	11/05/2014	Date of Injury:	06/11/2001
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
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 Internal 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:

Pursuant to the October 8, 2014 clinical note, the injured worker (IW) complains of headache and imbalance. Physical examination revealed significant nystagmus on lateral end gaze. Dix Hallpike maneuver was strongly positive bilaterally. There was no tenderness over the neck and shoulder girdle. Full, painless range of motion of the neck was noted. He had normal strength and tone. The provider documented that the IW is dealing with daily holocephalic headaches rated 10/10 in intensity for more than half the day. This is associated with photophobia, phonophobia, tinnitus and frequent nausea and vomiting. The IW has been diagnosed with depressive disorder, chronic pain, headache syndrome, post-traumatic headache, variants of migraine, concussion with moderate LOC, post-concussion syndrome, unspecified peripheral vertigo, and insomnia. Current medications include Verapamil. The provider is recommending Transcranial Magnetic Stimulation (TMS) using personalized Magnetic Resonance Therapy (MRT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial Magnetic Stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Transcranial magnetic stimulation is not medically necessary. Transcranial magnetic stimulation (TMS) is recommended as an option for migraine with aura. The FDA approved this device to relieve pain caused by migraine headache with aura. TMS is a noninvasive method of developing electrical stimulation to the brain. Repetitive TMS is being evaluated as a treatment of depression and other psychiatric/neurological brain disorders. The ODG enumerates the criteria for TMS (see guidelines). In this case, pursuant to an October 8, 2014 progress note, the injured worker (a 30 year old man) was complaining of headaches and imbalance. The injury was sustained in June 2001 when he tripped, fell sustaining facial fractures and loss of multiple teeth and traumatic brain injury. Physical examination did not show any significant findings. The working diagnoses were depressive disorder, chronic pain, other headache syndromes, posterior medic headache, and variants of migraine, concussion with moderate loss of consciousness, post-concussion syndrome, other and unspecified peripheral vertigo, and insomnia. TMS is recommended as an option for migraine headaches with aura. The injured worker did not have migraine headaches with aura. The injured worker did have a diagnosis of depressive disorder, however this device while being evaluated as a treatment for depression, is not FDA approved for that purpose. Consequently, Transcranial Magnetic Stimulation is not medically necessary.