

Case Number:	CM14-0029554		
Date Assigned:	06/16/2014	Date of Injury:	07/19/2010
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a request for major depressive disorder, chronic low back pain, complex regional pain syndrome, carpal tunnel syndrome, ulnar neuritis, and a rotator cuff tear reportedly associated with an industrial injury of July 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical creams; psychological counseling; psychotropic medications; percutaneous electrical peripheral nerve stimulator implantation; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. It does not appear that the applicant has returned to work with permanent limitations in place. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for home cranial electrical therapy stimulation, citing non-MTUS Aetna Guidelines which reportedly considered cranial electrical stimulation investigational. The applicant's attorney subsequently appealed. A February 14, 2014 progress note is notable for comments that the applicant was reportedly miserable. Only temporary improvements in mood and function were achieved with the peripheral nerve stimulator device. These had subsequently been lost, however. The applicant was therefore depressed, agitated, and tearful. The applicant had allodynia and hypersensitivity to touch about the right hand. The applicant was asked to employ cranial electrical stimulation therapy for depression, anxiety, mood, and chronic pain purposes. The applicant was asked to continue Lidoderm, Lunesta, BuSpar, and Qqualaquin. Nucynta was endorsed for breakthrough pain purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CES TREATMENT (HOME CRANIOELECTRICAL THERAPY STIMULATION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: cranial electrical stimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), however, the effectiveness of cranial electrical stimulation has not been established by adequate scientific evidence, resulting in a class III determination on cranial electrical stimulation. In this case, it is noted that the attending provider has seemingly sought usage of cranial electrical stimulation without an adequate trial of other psychiatric modalities which do carry more favorable recommendations in the MTUS and elsewhere. For example, in the February 14, 2014 progress note in question, the applicant was only described as using one anxiolytic medication, BuSpar. There is no evidence that antidepressants were introduced. It is therefore difficult to support cranial electrical stimulation, modality with a class III FDA determination for the indications of insomnia, depression, and/or anxiety, particularly when there is little or no evidence that first-line treatments have been tried, exhausted, and/or failed. Therefore, the request is not medically necessary.