

Case Number:	CM14-0068128		
Date Assigned:	07/11/2014	Date of Injury:	07/20/2006
Decision Date:	10/23/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 injured worker is a 54-year-old male who reported an injury on 07/20/2006. The mechanism of injury was not submitted for clinical review. Diagnoses included cervical degenerative disc disease, cervicogenic headaches, occipital neuralgia at C2-3, lumbar facet arthropathy, lumbar discogenic pain. Previous treatments included medication and physical therapy. Diagnostic testing included x-rays. Within the clinical note dated 01/07/2014, it was reported the injured worker complained of head and neck pain. He reported the pain was intense from the left part of his upper back to his left shoulder blade across the top of his left shoulder, which radiated into the occipital area with occipital frontal head pain on the left. The injured worker rated his pain 7/10 to 8/10 in severity. On the physical examination, the provider noted the injured worker had increased muscle splinting/spasms across the cervical thoracic junction, including the trapezius, levator scapulae and rhomboid muscles. The cervical range of motion of extension was limited 10 degrees and flexion at 20 degrees, and both limited by pain. The injured worker had a positive Kemp's test, cervical distraction, and cervical compression test. The provider noted the neurological testing demonstrated marked hyperesthesia in the C3-4 dermatomal distribution, more in the left than right. The provider indicated the injured worker had mild motor weakness in C7-8 myotomal distribution. The request submitted is for a home cranial electrostimulation unit. However, the rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

home cranial electrostimulation unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-invasive brain stimulation of the brain in an attempt to reduce chronic pain. O'Connell, Wand, Marston; Eur J Phys Rehabil Med, June 2011

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

Decision rationale: The request for a home cranial electrostimulation unit is not medically necessary. The Official Disability Guidelines note transcranial magnetic stimulation in the form of a cranial electrostimulation unit is recommended as an option for migraine headaches with aura. The guidelines note the criteria include the diagnosis of a migraine with aura. Only 20% of migraineurs suffer from an aura associated with headaches, but they suffer significantly. The guidelines note the stimulation unit is not meant to be used for more than once every 24 hours. It is not to be used with suspected epilepsy or family history of seizures, not to be used with any metal device implanted in the head, neck, or upper body, or pacemaker, or deep brain stimulator. It is preferred for an initial trial, since patient success rate is about 40% and the device cost is about \$1200.00. The clinical documentation submitted did not indicate the injured worker has a diagnosis of a migraine with aura. The clinical documentation submitted did not indicate how often the unit is to be used. The length of time the provider is requesting the unit was not submitted for clinical review. The request submitted did not indicate whether the unit is for rental or purchase. Therefore, the request is not medically necessary.