

Case Number:	CM14-0075847		
Date Assigned:	07/16/2014	Date of Injury:	05/05/2005
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Emergency Medicine and is licensed to practice in New York. 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 49-year-old female who was injured on May 5, 2005. The patient continued to experience pain in her neck and headaches. Physical examination was notable for severe right trapezius pain. Diagnoses included spinal stenosis, right cervical radiculitis, L5-S1 disc disruption, chronic pain syndrome, and right shoulder adhesive capsulitis. Treatment included trigger point injections, home exercise, and medications. Request for authorization for home cranial electrotherapy stimulation unit was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cranial electrotherapy stimulation unit: 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 Official Disability Guidelines (ODG) Head, Electrical Stimulation.

Decision rationale: Electrical stimulation is under study for migraine prevention. A random control trial of a new device that stimulates the trigeminal nerve in the head has shown a moderate effect in the prevention of migraine. Using the device for 20 minutes each day was

associated with a 25% reduction in migraine days from baseline and a 19% reduction in migraine attacks. The device is available in Europe and Canada, but it is awaiting approval in the U.S. In this case the patient does not suffer from migraine headaches and there is no approval for the device in the United States. The request should not be authorized.