

Case Number:	CM14-0192772		
Date Assigned:	11/26/2014	Date of Injury:	01/30/2013
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice 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:

51 yr. old female claimant sustained a head injury on 1/30/13. She had a concussion with chronic headaches and vestibular dysfunction. A progress note on 9/30/14 indicated the claimant had headaches fatigue, imbalance and anxiety. Exam findings were notable for a wide gait and a positive Romberg's sign. No neurological abnormalities were noted. The physician requested a TMS MRT therapy for the headaches along with continuing Naproxen with Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMS using personalized magnetic resonance therapy: 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 Injury and Menal Illness and TMS

Decision rationale: According to the guidelines, TMS is under investigation for PTSD. It is an option for those with migraines and an aura. The claimant must have a migraine with aura and TMS should not be used more than once in 24 hours. In this case, there was no indication of the

above. Rental is preferred. The directions, time frame of use was not specified. The TMS is not medically necessary.