

Case Number:	CM14-0200763		
Date Assigned:	12/11/2014	Date of Injury:	07/27/2011
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 New Jersey. 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 worker is a 52 year old male who was injured on 7/27/2011. He was diagnosed with post-traumatic head syndrome, cervicogenic headaches, sleep apnea, cervical disc osteophyte with radiculopathy, and cervical myofascitis. He was treated with surgery (ocular), various medications, epidural injection, and physical therapy. On 11/4/14, the worker was seen by his neurologist reporting continual headaches, which his medications help reduce the severity. He reported the same pattern of headaches being around the right orbit as previous. He was then recommended NSAIDs (Cambia), a second ophthalmology opinion, and Cefaly device (TENS for migraines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cefaly TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

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, Supraorbital Transcutaneous Stimulator.

Decision rationale: The MTUS Chronic Treatment Guidelines discuss the use of standard TENS unit for non-headache symptoms, however does not address the unique devices made for the treatment of migraine/headache prevention via stimulation of the trigeminal nerve. The ODG, however, addressed these devices stating that the small studies on these devices show a moderate effect in the prevention of migraines. In order to justify continuation of this type of device, documentation showing benefit is required. In the case of this worker, who has chronic headaches (diagnosed as cervicogenic), he had tried multiple treatments for his headaches but with only modest benefit. A trial of Cefaly, although primarily for migraines, seems an appropriate experimental option. In this situation, the outcome of the use of this device is unpredictable. However, considering the Cefaly is a device similar to other TENS units, and typically TENS units are approved for a one month trial with evidence of benefit required from the trial before approval of purchase is possible, this should be the same process for this device. Therefore, the request is not medically necessary.