

Case Number:	CM14-0202512		
Date Assigned:	12/15/2014	Date of Injury:	03/27/2011
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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:

According to the records made available for review, this is a 63-year-old male with a date of injury on 03/27/2011. Medical records provided did not indicate the mechanism of injury. Documentation from 07/08/2014 indicated the diagnoses of lumbago, degenerative lumbar/lumbosacral intervertebral disc, other chronic pain, depressive disorder not elsewhere classified, and anxiety state unspecified. The documentation from 10/06/2014 noted subjective findings of complaints of ongoing pain that was rated an eight out of ten with associated symptoms of depression and anxiety. Physical examination from 07/08/2014 was remarkable for a flat and unhappy affect, moderate distress, anxiety, apprehension, tense, with a depressed mood and affect. Prior treatments offered to the injured worker included a medication history of Voltaren XR, Protonix, Ultram ER, and Lexapro. The documentation also noted a request for trans-cranial magnetic resonance therapy. The medical records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. The documentation lacked notation of a work status or of a disability status. On 11/04/2014, Utilization Review non-certified a prescription of transcranial magnetic resonance therapy times ten sessions. Utilization Review noncertified based on Official Disability Guidelines with the Utilization Review noting that the medical records provided did not indicate a diagnosis of a migraine with an aura thereby indicating the magnetic resonance treatments were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Therapy times 10 Sessions (Trans-Cranial): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria regarding TMS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnet Therapy Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cochrane Database of Systematic Reviews: accessed on 1/27/2015: http://summaries.cochrane.org/CD003493/DEPRESSN_transcranial-magnetic-stimulation-tms-for-depression.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Magnet Therapy for the treatment of pain. These guidelines state that magnet therapy is: "not recommended." Biomagnetic therapy is considered investigational. The data from randomized, placebo-controlled clinical trials fails to demonstrate that biomagnetic therapy results in improved health outcomes for any type of pain. Biomagnetic therapy has been proposed for the relief of chronic painful conditions; it is proposed that magnets, worn close to the skin, create an electromagnetic field within the body that suppresses pain. The theory is that the magnetic field causes potassium channels to be stimulated, producing repolarization or hyperpolarization. Biomagnetic therapy has been investigated for various types of pain, including peripheral neuropathy, chronic low back pain, carpal tunnel syndrome, plantar heel pain and hip and knee pain due to osteoarthritis. The Cochrane Database of Systematic Reviews has a review on the use of Transcranial Magnetic Stimulation for the treatment of depression. The reference for this review is cited above. Transcranial magnetic stimulation is intended to excite or inhibit certain cortical areas of the brain. It has been proposed as a treatment for depression. The Cochrane review included an assessment of 16 trials on this modality. They concluded that there was no difference in outcomes, using either the Beck or the Hamilton Depression Rating Scales, with Transcranial Magnetic Stimulation. Therefore, there was no evidence in support of this novel method of therapy. In this case, the requesting provider states that transcranial magnet stimulation is safe and effective for the treatment of chronic and neuropathic pain as well as for depression. The above stated MTUS guidelines and Cochrane Database review do not support the provider's statement of efficacy. Therefore, the use of Transcranial Magnetic Stimulation is not considered as a medically necessary treatment.